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ABSTRACT

A practicum was implemented by a licensed speech-language pathologist working in a clinical and instructional program in a predominantly black, inner-city community in northeastern Indiana. The practicum was designed to improve the communicative competence of young children in a kindergarten-first grade setting. It was implemented because screening data, increased referrals for speech-language services, and direct observation of classroom procedure and technology indicated that a problem existed. Eight parent training workshops, four teacher training workshops, and one building level in-service session were conducted. Each workshop for parents addressed a communication topic, parental concerns, and communication facilitation techniques. Workshop sessions were supplemented with home training packets compiled to encourage parent follow-through. Each workshop for teachers highlighted one observation and diagnostic tool used to gather information on communication skills of young students. Teachers developed strategies for intervention. A teacher training booklet was compiled. Issues addressed in the in-service session included the effect of communicative competence on academic performance, the setting for a climate of change, promotional criteria, and intervention strategies. Evaluation findings indicated that teachers and parents demonstrated increased understanding of communication development and techniques to aid communicative competence in young children. Related materials are appended. (RH)

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FACILITATING COMMUNICATIVE COMPETENCE IN YOUNG CHILDREN

TECHNIQUES FOR PARENTS & TEACHERS

BY
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FACILITATING COMMUNICATIVE COMPETENCE IN YOUNG CHILDREN

TECHNIQUES FOR PARENTS & TEACHERS

BY

GERALDINE HARMON

CLUSTER XIV

PS 017240

A Practicum Report Presented to the Ed.D. Program
in Early Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1988

ABSTRACT

Facilitating Communicative Competence in Young Children: Techniques for Parents and Teachers. Harmon, Geraldine, 1988. Practicum Report, Nova University Ed.D. Program in Early Childhood Descriptors: Communicative Competence/Conversational Competence/ Pragmatic Competence/Conversational Rules/Oral Language Skills/ Conversational Conventions/Language Development/Language Facilitation/ Language Training/Communication Development

This practicum involved an effort to improve the communicative competence of young children in a kindergarten/first grade setting. A decrease in performance level on screening instruments used during Kindergarten Registration, an increase in referrals for speech/ language services at the kindergarten level, and direct observation of kindergarten classroom procedure and technology indicated a problem existed.

The writer's goal was to design, implement, and evaluate an inservice program, with training packets, for parents and teachers of young children on the development of communication skills and techniques for facilitating communicative competence. Eight parent training workshops were conducted. Each workshop addressed a communication topic, specific parent concerns and useful communication facilitation techniques/activities. The workshop sessions were supplemented with home training packets compiled to encourage parent follow-through on topics and techniques addressed. Four teacher training workshops were conducted. Each workshop highlighted one observation/diagnostic tool used to gather information on communication skills of young students. The teacher participants then developed strategies for intervention. A teacher training booklet was compiled for future reference. Finally, one building level inservice session was conducted. The presenter addressed the issue of the effect of communicative competence on academic performance, setting the climate for change, promotional criteria and strategies for intervention. This session was supplemented with a follow-up survey designed to stimulate further thought on the topic of communicative competence and academics and to gather data with regard to strategies implemented following the inservice session.

Upon completion of the implementation phase of the practicum, data from the evaluation instruments was analyzed. The results indicated that the goal of the practicum was achieved, Each teacher and parent participant demonstrated increased knowledge and understanding of communication development and techniques to facilitate communicative competence in young children.

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CHAPTER I

INTRODUCTION

Description of the Community

This practicum was implemented in a predominantly Black, inner city community of approximately 150,000 residents. The city is located within the extreme northwest corner of the state of Indiana on Lake Michigan and covers a geographical area of 39.4 square miles. According to the 1980 U.S. Census, the city had population of 151,953 which was 13.4% less than the 175,415 recorded for 1970. In 1980, the city ranked 104th in total population compared to all cities in the United States. In 1980, the Black population of 107,644 represented 70.8% of the total population and people of Spanish origin represented 7.1% of the total population. The remaining 22.9% of the population was classified as white or other. According to the 1980 Census, 34.9% of the total population was under 18 years of age, and 8.2% of the population was 65 years or older. The remaining 56.9% of the population was between 18-64 years of age. For the total population, the median age was 26.1 years. There were 49,445 households in 1980 with 3.06 persons per household.

In 1980, there were 61,215 people employed in this city. Of this number, 42.2% worked outside of the city. When all workers are considered, 26.0% were engaged in manufacturing, 23.1% in wholesale and retail trade, 19.3% in professional and retail services, 11.2% in Government, and 3.4% were self employed. Although this midwestern city has some diversified businesses, it is essentially a one industry city

and has periodically suffered when steel production has declined or during labor disputes. Recent problems in the steel industry have devastated the county. Lake County is one of two counties that continue to lead the state in joblessness. Northwest Indiana led the state in unemployment as 1984 began with an unadjusted unemployment rate of 17.5%. Figures released by the Indiana Employment Security Division in August of 1984 reported approximately 34,300 residents out of work.

Locally, employment rolls shrank from 215,100 in mid November of 1985 to 214,300 at the same point in December of 1985. A study sponsored in part by Local # 65 of the United Steelworkers of America and the Hull House Association attempted to measure the impact of long term layoffs and subsequent unemployment at the South Works plant of United States Steel. The key findings of the study were:

-Median income has dropped from $20,000-$24,000 to $10.000-$14,000 since 1979.

-Current unemployment is 47%; 30% for whites and 60% for Blacks. Only 31% of those laid off have found full-time jobs.

-24% have been forced to move because of reduced income; 38% have fallen behind in monthly payments; 30% have been evicted.

-26% have been forced to sell automobiles, while 14% have had their automobiles repossessed.

-50% have no health insurance; 59% have postponed treatment for financial reasons.

-Many now suffer from anxiety, depression, family strife, insomnia and are prone to violence.

This city is also the home of a state university off-campus site yet, is representative of some of the most educationally

disadvantaged students in the state. Standardized test scores reveal reading, math, and vocabulary performance that remains consistently below the national norm. A multitude of educational programs have been instituted in an attempt to prevent and correct further educational decay.

There are 39 schools in this city, 28 middle and elementary schools and five high schools employing a total of 3,128 during the 1983-84 school year. The school enrollment in the fall of 1983 was 30,414, of which 15,416 were males and 14,998 were females. Of the total school enrollment, 91.6% were Black, 4.3% were Spanish, and 4.1% were white.

A large, modern elementary school located on the far west side of the city was selected as the practicum site. The school had a total enrollment of 654 students during the 1986-87 school term. There were four half day kindergarten classes of 24 students each with two licensed teachers and two full time paraprofessionals. The target population consisted of fourteen kindergarten students referred and diagnosed in March of 1986 as in need of speech/ language therapy services.

Writer's Work Setting and Role

The writer is a licensed Speech Language Pathologist in the Communication Handicapped Program of the local Community School Corporation. The Communication Handicapped Program is a clinical/instructional program designed to address the problems of students who are handicapped academically, socially, personally or emotionally by deficits in the areas of voice, fluency, articulation, language, or auditory skills.

The writer services two elementary schools with a total enrollment of 975 students. The therapy caseload is comprised of 87 students who exhibit mild to severe delays or differences in the areas of articulation, language processing, language production, auditory processing, voice and/or fluency.

The curriculum design for the Communication Handicapped Program emphasizes meeting the total therapy needs of the students through the following overall program objectives:

1. To utilize the established screening/referral process to identify those children who may be in need of speech or language services.

2. To submit appropriate referrals for medical or other professional services required for habilitation of speech language disorders.

3. To have primary responsibility for provision of diagnosis and appraisal of specific speech and/or language disorders.

4. To provide direct clinical/instructional therapy services necessary for the habilitation of specific communication disorders.

5. To provide consultative services to students, parents, teachers and other appropriate staff personnel regarding specific communication disorders. 5

CHAPTER II

STUDY OF THE PROBLEM

Statement of the Problem

Students entering the public school kindergarten program were exhibiting increasingly depressed ability in the area of communicative competence. Most of the students had participated in a preschool program which had facilitated social and cognitive development, yet their communication skills remained very impoverished.

In learning language, children not only acquire linguistic competence, they must also acquire a system of language use or what Hymes (1972, 1974) terms communicative competence. Communicative competence involves general knowledge of how language use is affected by persons, places, situations, and events. It also includes knowledge of patterns of sequencing in conversation, forms of address, and standard verbal routines.

The kindergarten teaching staff and parents had not previously received training in communication development. As a practicing speech language pathologist, the writer noted the absence of communication development references, professional journals, newsletters and language based curriculum in the local area for teaching staff and parent use.

During the special services referral process, the writer noted parents of many of the target population had problems communicating information to interviewers. Following kindergarten registration and the subsequent referral process for special

services, teachers complained of limited student progress, a lack of feedback from parents and very little parent involvement.

Briefly stated, the problem was the poor communicative competence exhibited by an increasingly large number of children entering kindergarten; a problem perpetuated by a lack of language/communication development training, curriculum, activities and sources of information within the school and home settings.

Documentation of the Problem

The public schools of this city schedule Kindergarten registration periods for each elementary school in the spring of each school year. The early registration period is called Kindergarten Round-Up. Parents must bring the child and the following documents to register: birth certificate, proof of residence, immunization records, and income information. Prospective students must be five years old on or before September 30th to register.

Each student must see the school social worker, nurse, secretarial staff, and a resource teacher to complete the registration process. The resource teacher is responsible for screening each prospective student. The Denver Developmental Screening Test is the instrument used. Students who have completed the Early Learning or Head Start preschool programs have already been screened with the DIAL-R or the Caldwell Preschool Inventory.

The writer had witnessed a steady increase in the number of referrals initiated at the kindergarten level. Following

are the numbers of referrals and enrollments for speech language services over the past three school years prior to implementation of the practicum:

School Year	Referrals	Preschool	Enrollments
1985-86	18	12	14
1984-85	13	7	8
1983-84	8	8	4

The speech language screening battery consisted of an articulation, receptive vocabulary, and sentence imitation test. The writer also observed the kindergarten classes during a physical education or free play period to get a picture of the communication skills referred students demonstrated during social periods.

Data compiled on referred students (Appendix A) revealed eight failed age level tasks in the areas of fine motor, gross motor and language on the Denver Developmental Screening Test. The kindergarten readiness-entry test, ReadySteps, administered at the beginning of the school year, revealed eleven of the referred students performed below level in the areas of instructional language, sequencing, oral vocabulary, following oral directions, and categorizing. The Metropolitan Readiness Test, administered at midyear, revealed six of eight students referred for speech language services in one class received an overall performance rating of low on the test.

Administration of the speech language screening battery resulted in one student not needing services, two students diagnosed as exhibiting maturational misarticulations, one student referred for psychological/educational testing, and fourteen students diagnosed as possible candidates for the Communication Handicapped Program.

Articulation, language and auditory perception tests were administered to the students based on results of the speech language screenings. This diagnostic battery resulted in the identification of four moderate to severe articulation/language disordered cases, and ten receptive and/or expressive language cases. There was no question that a lack of linguistic skill contributed to many of the difficulties encountered by these students.

Causes of the Problem

Communication acquisition is an ongoing process. The actualization of the process depends on many interactive variables. It is an exchange of words, ideas, and feelings. Communication involves the ability to receive and express a message through use of a systematic language code.

The communication process has several component parts. The ability to receive a message and to understand what was received is part of the process known as receptive language. Prerequisites for receptive language development include:

* early awareness of sound
* ability to focus attention on sound and the human voice
* ability to understand the meaning of spoken words
* ability to remember what is said

The ability to send a message and to express language is part of the communication process known as expressive language. Our thoughts, needs and feelings are conveyed to others through a combination of facial expressions, body movements, actions, gestures, tone and volume of voice and speech.

One result of research on language use is the recognition that language learning begins before children produce and combine

words and that joint activity of the caregiver and infant plays an important role in the development of communicative competence (Corsaro, 1981).

Communication roles and norms are defined and imposed by the culture. They are learned through a shaping process in which the child is sometimes imitating and sometimes responding to overt instruction in order to behave appropriately. Much of this shaping occurs within the family, in interaction between parents and children and between siblings. For some children, the family's norms and the norms of society coincide, thus reinforcing each other. For other children, the norms of the family are different from those of the larger culture; these children are most likely to encounter communication problems in school.

There are many children who are willing, even eager, to communicate with others, but who fail repeatedly. These children are unable to understand or use the symbols of our language. Many of these children are unable to follow oral directions. They may have difficulty with carrying out a series of directions due to a short auditory memory span.

Failure to communicate competently may also be due to an inability to answer questions. For school-age children, the ability to respond appropriately to questions is essential to academic success. Types of questions with which these children may experience difficulty within the school environment include:

* Wh Questions (What, Who, Where, When, Why)
* If What Questions
* If Then Questions
* Functional Questions
* How Questions
* Yes/No Questions

There are also children who exhibit an inability to appropriately comprehend and express grammatical structures. These difficulties can result from unusual language development, delayed language development, or poor language models.

When children start school, they are expected to be able to carry on conversations, ask and answer questions, follow and give instructions, and to speak alone in the presence of a group. These basic communication roles are a necessary minimum in the traditional elementary school classroom. As children progress through school, teachers expect these abilities to be refined and elaborated. Any two children in a given population may not differ in their knowledge of the forms of language, yet they may differ in how they use that language. The children would therefore demonstrate different communicative competencies and different ideas of what is appropriate for a given situation.

Some researchers, notably Bernstein (1972) revealed that working class children use a different expressive style when they are asked to describe pictures when compared to middle class children. The speech of the low income group has been referred to by Berstein as restricted code: it is rather as if the speakers are always talking to people who know the picture well. The speech is restricted in the sense that it contains pronouns rather than nouns, few adverbs and adjectives, a minimum of dependent clauses, and is generally not very informative. By contrast, the descriptions used by middle class children and the general speech of the middle class in this country is called elaborated code. The speaker takes less for granted and tells more. These children use more nouns, adjectives, adverbs and a greater variety of syntactic forms.

The child who uses the restricted code is not nonverbal, nor is he linguistically deprived because he possesses the same understanding of the linguistic rule system as his peers. The restricted code simply means that there is a restriction on the contexts and conditions of the message communicated.

Parents of these children are often unaware of the communication demands that are placed on their children in the school setting, thus they cannot incorporate the content the children learn at school into their home routines (Iglesias, 1985).

The recognition of possible language problems or a communication disorder among young children occurs as the result of parent and teacher observation of children's attempts to initiate and maintain interaction with their peers. Three general areas indicative of possible problems are (a) social isolation and/or overdependence on adults, (b) difficulties in entering play groups and initiating interaction with peers, and (c) limited participation or disruptive behavior once entry has been accomplished.

Information obtained on the Parent Questionnaire (Appendix B), a data gathering instrument designed by the writer, indicated an association between onset of communication problems and school entry. Many parent were aware of communication problems exhibited by their children but expressed an inability in being able to help them.

Local colleges and universities offering a terminal degree in the field of education do not require completion of coursework in the area of communication skill development and staff development programs offered usually focus training programs on educational

trends as opposed to specific areas of development. Good teaching and parenting involves finding out what each child can do and what new skills each child is prepared to master. Therefore, teachers and parents needed to be made aware of the normal developmental sequence of communication skills and techniques to facilitate this process to help children develop the ability to competently communicate.

Review of the Literature

Any speaker, child or adult, is continuously saying and comprehending sentences he or she has never heard before and will never hear nor comprehend again in the same way. Creativity in expressing and understanding particular meanings in particular settings to and from particular listeners is the core of all human language ability (Cazden, 1981).

In learning language, children not only acquire linguistic competence but they must also acquire a system of language use or what Hymes (1972,1974) terms communicative competence. Communicative competence involves general knowledge of how language use is affected by persons, places, situations, and events. It includes knowledge of patterns of sequencing in conversation, forms of address, and standard verbal routines.

The perception and interpretation of social cues constitute a form of communicative competence. Information coded nonverbally allows an individual to form presuppositions about the communication system and to receive feedback about the effect of a particular communicative utterance. Failure to efficiently use social cues

can result in miscommunications based on inaccurate presuppositions, abrupt topic changes, or failure to decode underlying intent and to respond accordingly.

Another aspect of communicative competence is knowing when and how much to talk. Coleman (1980) notes that talking in excess indicated pragmatic rules violations in turn taking, initiation, and termination of conversation. These subtle forms of pragmatic competence are required for successful communication. Children who violate these rules of discourse are viewed as socially unacceptable to their peers and behavior problems to their parents and teachers.

Corsaro (1981) stressed that children's experiences in adult-child play in their first two years of life are important for their development of attentional strategies and recognition of turn-taking procedures in discourse. As children grow older, adults continue to engage them in play activities, but there is also an expansion of the range of interactive context. It is at this point that adults begin to structure interactive events with children to develop their potential for social learning.

Adults' use of language to structure interactive events with young children is an important aspect of childhood socialization. Children not only gradually acquire the communicative skills necessary to carry on competent social interaction, they also are continually exposed to adult feedback.

Attention gaining and turn taking are essential for communication since they provide for the initiation of dialogue and the orderly progression of communicative events. Research on mother-infant

play has established that children are able to anticipate and consistently take turns in play routines during the second year of life (Snow, 1977). Once dialogue is initiated, children's participation in relatively unstructured, routine communicative events is essential for the development of more general conversational skills.

A caregiver who is sensitive to a child's attempt to expand a topic and who strives to help that child expand discourse topics provides the child with important experiences for the development of communicative competence.

Normal language develops in the context of communication interaction. Normal language is not taught, it is facilitated by structuring the child's linguistic environment within the context of communication interactions varying speaker and setting. Knowledge of the normal environment and the deviant linguistic environment can aid parents and teachers in modifying the communicative facilitation techniques used with young children.

Language learning is facilitated when the child initiates the communication interaction and has something of importance to him/her to communicate. Once the interaction is initiated, ongoing interaction is dependent on each person's ability to listen to the other person. This "listening attitude" involves both verbal and nonverbal behavior. Hart and Risely (1975, 1980) demonstrated that preschool free-play periods were powerful, incidental teaching periods for capitalizing upon moments such as requesting new play materials to teach children systematically more elaborate language. Language and gesture must be used to indicate and elaborate the plans of play and to achieve cooperation

with others in establishing the intended meaning of objects, roles, and themes (McCune-Nicolich and Carrol, 1981).

Given the importance of language in socio-dramatic play, it is not surprising that children experiencing communication problems have been reported to spend less time in this type of play (Lovell, Hoyle, and Siddal, 1968) and to be more imitative and concrete in their play (Gordon, 1979). Since socio-dramatic play is rich in language and demanding of linguistic skill, the communication disordered child may have less opportunity to participate. By becoming somewhat isolated from the mainstream of players in the peer group or classroom, the child loses valuable opportunities for developing language and social skills through play. Brown, Redmond, Liebergott, and Swope (1975) reported that children experiencing communication problems were less successful in integrating play behaviors around a theme than other children.

Evidence does exist that the communication interactions and the specific communication facilitation techniques used by adults with normal children differ from those of communication disordered children (Buium, et al., 1973). With severely communication disordered children, there is reason to suspect that adult facilitation strategies for fostering communicative competence may be minimal or even non-existent (McLean and Snyder-McLean, 1978).

Delayed communication development may be attributed to an ineffective pattern of interaction between the child and his social environment (Mahoney, 1980). Nelson (1973) contended that this ineffective interaction occurs when the adult does not accept

the child's style of communication and this mismatch between adult and child has serious negative effects upon the child's communication development. Millet and Newhoff (1978) found that mothers of communication disordered children used significantly fewer semantically related responses compared with mothers of normal children.

The language addressed to the child experiencing communication problems contains more single words, more commands, and fewer questions compared to language addressed to the normal child (Cramblit and Siegel, 1977). The language input also involves fewer different words, more stereotype utterances, more behavior regulation language, and overall less language input.

The nature of the interactions in which children are engaged at home has a considerable effect on the communicative competence they acquire before school entry. The type, quantity, and quality of these interactions are the result of many variables such as the sex of the parent and child, the parents' educational level, the home language, ethnicity, and the economic status (Iglesias, 1985). Iglesias (1985) pointed out that the ability to communicate in the classroom is essential to success in school. Children must possess the linguistic skills necessary to understand the teacher and the communicative competence to transmit newly acquired knowledge when necessary.

The child's communication skills may match or mismatch the communication skills required and expected by the teacher. A mismatch negatively affects a child's ability to succeed in the educational system. Communication difficulties of these children

are further aggravated by educational policies that are insensitive to their needs.

When young children are in the initial years of school, occurrence of a communication mismatch between the teacher and child is often blamed on the child's background. The communication problems of the same population in higher grades are more often attributed to low intellectual capacity and/or to a communication disorder. Teachers at this level often fail to realize that communicative demands of their classrooms are very different from those of earlier grades and that many of the children experiencing communication problems have not been taught the particular skills required for success in the higher grades (Heath, 1983).

An extensive literature review of psychiatric symptoms of children with communicative disorders was conducted by Cantwell and Baker (1977). These reviewers noted a high incidence of behavior problems reported in the literature on children with speech and language disorders. Cantwell and Baker propose that speech or language deficits affecting communication may also affect the child's interactions with parents, teachers, peers and significant others in their environment. An inability to communicate with other children interferes with the establishment of peer relationships which inhibits further social and linguistic experiences.

Cantwell and Baker (1977) also noted that children with severe receptive language disorders had more problems with peer interaction than children with expressive language disorders. Children with speech problems displayed physical complaints such as headaches

and stomach aches as well as poor eating and sleeping habits. Children experiencing interruptions in speech and language acquisition were usually more distractable, overly active and impulsive in their behavior.

Several subgroups with diagnostic similarities reflecting pragmatic disruptions have emerged within the language disordered population. Children with language disorders may have different ways of pragmatically organizing dimensions of the social, cognitive, and linguistic domains.

Prutting and Kirchner (1983) identified three groups with differing pragmatic characteristics. The first group had difficulty with social context. Because of social deficits, they also exhibited associated difficulty with social interaction and conversational rule application. Appropriate social interaction is a prerequisite to effective language use. A second type of pragmatic disorder was demonstrated by children who had difficulties with cognitive context. They had difficulties in the acquisition of the early cognitive prerequisites to language. Delays in the onset, rate, and sequence of organization were common. Poor comprehension was a common characteristic of this group. The third type of pragmatic disorder observed by Prutting and Kirchner was characterized by a difficulty in language context, specifically in understanding and using the rules of conversation. Each part of the communicative act is contingent on comprehension of and response to the previous utterance or act. Each communicator has obligations as a participant in the communicative interchange. Success with these skills is the mark of communicative competence.

The researchers pointed out, some children appear to have intact linguistic systems, but are unable to use the system appropriately to communicate.

Fey and Leonard (1983) also observed pragmatic differences of language disordered children. One group of children identified in their study experienced difficulty in social interactions. They exhibited a generalized pragmatic disorder characterized by the inability to engage in conversations or discourse. The authors noted that there is little available information on these children. Many of these children are found in noncategorical special education preschool programs. They seem to understand the conversational rules for home conversations, but they are unable to generalize that information to school conversations. Parents reported that these children talk at home but they seldom talk at school to teachers or other adults. They may talk at recess with their peers, but they do not speak or speak seldom during classroom activites. Cazden (1981) attributed this problem in language use to the difference between the child's first discourse development (talking at home) and second discourse development (talking at school). A difference in the "scripts" a child has available for each setting influences success or failure in communication. Researchers concluded the impact of pragmatic disruptions of a language disorder on social and academic development can be quite dramatic.

It is crucial to determine the existence or nonexistence of cognitive disorders because they have ramifications across all developmental areas. The impact of a cognitive disorder on language development is significant and can be observed in the language of

mentally handicapped children. Laughton and Hasenstab (1986) reported a child with reduced mental experiences will have less need to code cognitive ideas, concepts, or experiences into linguistic forms. Additionally, the child's inability to integrate information into an understanding of relationships at the cognitive level will be reflected in language use. Language deficiencies may rest on lack of cognitive development (Leonard, 1978).

The social dimension is the prime motivator for interaction and affects the development of communication. All children are social beings who seek intimate relations with others. The early intents expressed by young children are the beginning phases or expression of their eagerness to engage in social interchanges. When a child experiences inadequate positive feedback, the development of language is inhibited.

When motor, cognitive, and social systems do not function in concert, communication cannot develop in a normal fashion. Thus, communication disorders result. The American Speech-Language Hearing Association (National Joint Committee for Learning Disabilities, 1982, p. 949) defines communicative disorders in a comprehensive manner:

> A communicative disorder is an impairment in the ability to (1) receive and/or process a symbol system, (2) represent concepts or symbol systems, and/or (3) transmit and use symbol systems. The impairment is observed in disorders of hearing, language, and/or speech processes. A communicative disorder may range in severity from mild to profound. It may be developmental or acquired, and individuals may demonstrate one or any combination of the three aspects of communicative disorders. The communicative disorder may result in a primary handicapping condition or it may be secondary to other handicapping conditions.

A language disorder is the impairment or deviant development of comprehension and/or use of a spoken, written, and/or other symbol system. The disorder may involve (1) the form of language (phonological, morphological, and syntactic systems), (2) the content of language (semantic systems), and/or (3) the function of language (pragmatic system) in any combination.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of the practicum was to design and implement an inservice program with training packets for parents and teachers of young children on the development of communication skills and techniques for facilitating communicative competence. An increase in parents' and teachers' knowledge and understanding of language development and the importance of communicative competence to academic success was expected. Finally, an increase in the frequency of communicative behaviors, production of increasingly more sophisticated language functions and use of more advanced language forms by first grade students was expected as parents and teachers implemented use of the facilitation techniques presented.

Behavior Expected

At the end of the practicum implementation period, the parents and teachers were expected to:

1. Identify five communication disorders and briefly describe each.

   Assessment: Speech Language Development Pretest (Appendix C)

2. List four receptive language and four expressive language skills a five year old child should have mastered prior to entering kindergarten.

Assessment: Speech and Hearing Checklist-prepared by Mary Wootton Masland

3. Observe each child within the target population, in the classroom, for a 15 minute period and complete an individual social profile. (teachers)

   Assessment: Personality & Behavior Profile (Appendix D)

4. Observe child, in home, for 15 minute period and complete a parent questionnaire. (parents)

   Assessment: Parent Questionnaire for Communication Disorders (Appendix B)

5. Identify communication behaviors noted during the classroom/home observations.

   Assessment: Parent Questionnaire for Communication Disorders
   Screening for Language Problems-An Informal Instrument
   (Appendix E)
   Speech Language Referral Sheet
   (Appendix F)

6. Listen to tape recordings of communication patterns of the target population and identify the communication disorders and severity factor.

   Assessment: Speech Rating Scale (Appendix G)

7. Identify three language/communication facilitation techniques and give an example of each.

   Assessment: Inservice Program Posttest

(Appendix H)

8. Demonstrate an understanding of techniques to facilitate communicative competence using role-playing episodes followed by discussion for appropriateness of parent/teacher response.

   Assessment: Role Playing Survey

   (Appendix I)

9. Select or design two activities in different settings, with appropriate materials, that would facilitate communicative competence.

   Assessment: Activity Rating Scale

   (Appendix J)

10. Document completion of training objectives for facilitation of communicative competence.

    Assessment: Inservice Program Posttest

    Workshop Session Evaluation

    (Appendix K)

    Readiness Testing Data 1985-1987

    (Appendix L)

    Post Assessment of Target Population

    (Appendix M)

    Compilation of Training Notebook

Objectives were directly related to the problems presented in Chapter II.

Problems	Objectives
1. Lack of knowledge and training in language/communication development	I, II, III, IV, V, VI

2.	Inappropriate facilitation techniques, materials, activities being used	VII, VIII, IX
3.	Lack of information and little parent participation	I, II, IV, VI, X

Mechanism for Recording Unexpected Events

Additional information was to be documented in the form of anecdotal notes and logs. The writer and participants were to record thoughts, suggestions, comments and/or questions in individual log books at each session.

Measurement of Objectives

The Speech, Hearing and Language Guide was developed by Mary Wotton Masland and Published by the Maryland State Department of Education, Division of Instruction in 1972. The checklist of behaviors provides a developmental sequence of language skills and can alert parents and teachers to an undiagnosed communication problem in a child.

The Personality and Behavior Profile, Parent Questionnaire for Communication Disorders, and the Speech Rating Scale were developed by the writer when employed as a Speech Language Consultant to the Special Preschool Outreach and Training Program in 1975. The instruments were part of an observation tool entitled, Profiles for Classroom Observations. The profiles were designed to assist the classroom teacher in observing and identifying children with suspected personality, behavior, speech/language, hearing and visual disorders.

The Screening for Language Problems - An Informal Instrument, developed by Almerico in 1982, was designed to complement the classroom teacher's

impressions regarding children who might be in need of further speech, language, communication evaluation.

Parents and teachers were to be asked to give a response rating of (1) low to (6) high on the Activity Rating Scale, Role Playing Surveys, and the Workshop Session Evaluations. Additional information was provided in the suggestions and/or comments section of each form.

The Speech Language Development Pretest and the Inservice Program Posttest were to be used as pre- and post-evaluation measures. This involved an initial response to a situation, information gathering via training, a re-evaluation of the situation through discussion and generation of a new response based on newly established competencies.

Description of Plan for Analyzing Results

Parents and teachers were to become knowledgeable of five different communication disorders and the categorical definition of a communication disorder. Each practicum participant was also expected to listen to tape recordings of several children exhibiting various types of communication disorders, identify the disorder and rate the severity the disorder appeared to have on the child's ability to be understood.

Teachers were to complete a Personality and Behavior Profile on each child within the target population at the beginning and end of the implementation phase of the practicum project. Careful use of the profile awarded the observer an opportunity to look at the environmental context in which conversation was taking

place. How one speaks or communicates differs depending on the context the person is in when speaking.

The classroom teacher's day-to-day exposure to children and their speech and language patterns cannot be minimized for the frame of reference it provides him/her in consciously/ unconsciously acquiring a norm relative to age or grade level. To compliment this frame of reference, teachers were to complete an observation tool, Screening for Language Problems - An Informal Instrument, on each child within the target population. If three or more of the characteristics on the instrument described a student's language skills, a formal referral to the Speech Language Pathologist was to be initiated on a Speech Language Referral Sheet.

Once a referral was initiated, the parents were to be asked to complete and return the Parent Questionnaire for Communication Disorders to the school Speech Language Pathologist. A valid understanding of what both home and school are providing is a prerequisite to devising educational goals and strategies reflective of a child's needs.

Activity evaluations, workshop session evaluations, role playing surveys and the pre- and posttest were to be analyzed by noting overall relevancy and interest in information presented. Open ended questions and responses generated during discussions reflected a general understanding of the material presented.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solution

With an increase in the demand for educational services for young handicapped children has come an increased need for the training of special teachers, paraprofessionals, preschool and daycare teachers, and parents to carry out intervention programs (McLean and Vincent, 1984). In the area of language intervention, information from normal mother-child language interactions has frequently served as a guide for intervention techniques which are recommended for language delayed children (Hubbel, 1977; McLean and Snyder-McLean, 1978). One technique often recommended to parents and teachers is the provision of adult expansions of child utterances.

Expansions have been defined as the procedure of retaining the words given by the child in the order given and adding those functions that will result in a well-formed simple sentence that is appropriate to the circumstances (Brown and Bellugi, 1964). It appears that expanding child utterances would also be an efficient way to facilitate generalization of language training if the techniques were used throughout the day in natural settings (Stokes and Baer, 1977).

To implement the expansion intervention, adults are trained to stimulate the production of single-word components of the target structure through modeling or questions. Adults

are also instructed not to model the complete target structure, so that results would more clearly reflect the effect of expanding as opposed to modeling the target structure. Adults are trained to use questions as, "What are you doing?" or "What are these?" to stimulate production of components of the target structure which could then be expanded. The adults are also trained to listen for the spontaneous production of any single word component of the target structure and to immediately expand these into more complex utterances.

McCune-Nicolich and Carrol (1981) stressed the importance of both language and play skills for language-impaired and at risk children. They pointed out that parents and teachers can be trained to conduct weekly play sessions with their children in order to learn about and facilitate the child's play, social interaction, communication competence and cognitive development. McCune-Nicolich and Carrol (1981) suggested the following structure for play sessions:

1. Prepare for the play sessions by child proofing a room or area so that there will be no need to prohibit the child from any activity.
2. Assemble a few toys of appropriate type and number based on the child's maturity level that will form a focus for the play session.
3. Avoid having specific expectations for the child's performance. Instead, allow the child to take the lead in choice of toys and activities.

4. Sit on the floor near the child watching and waiting for an invitation to join in play. The adult should try to become aware of what the child is trying to do and facilitate those intentions. Never take over for the child, rather remain in the role of supportive partner.
5. Be aware that child-centered play sessions are a special situation, not typical of routine interactions between child and adult. If it is necessary to resume the authoritative role, end the session.

The incidental teaching approach, developed by Hart and colleagues (Hart and Risley, 1975; 1980; Hart and Rogers-Warren, 1978), relies on processes similar to those observed in normal language learning contexts. Research indicates that caregivers apply the following language facilitation techniques in their everyday interactions with children (Bruner, 1975, 1977; Ratner and Bruner, 1978):

1. Talking about shared perceptions when objects, events, and/or relations attract the child's attention.
2. Modeling, imitation, and expansion of desired or actual child communication efforts.
3. Repeating and clarifying when the child seems unable to understand a word, statement, or request.
4. Using high speech, shifting intensity, speaking at a slower rate, and stressing important sentence elements to call attention to what is said.

The incidental teaching approach attempts to simulate these natural strategies by arranging the physical and social environment to ensure (a) that children learn and have ample opportunities to use words for preferred and interesting objects, events, and relationships, and (b) that they have numerous opportunities to practice newly-acquired communication skills in naturally occurring activities.

Normal learning experiences cluster within and across skills and activities. Focusing on small portions of learning experiences for the purpose of concentrated instruction may be counterproductive and unnatural (Guess and Noonan, 1982). The instructional context should be built around routine activities that have clearly defined structure and motivating conditions similar to those in the natural environment. Training across activities takes some initial planning assuring a maximum number of opportunities for each student to acquire and practice the skills needed to attain his or her specific language and communication objectives.

Local, state, and national level workshops focusing on how parents and teachers can best facilitate speech and language development and communicative competence are sponsored yearly and can be used as training mediums. Yet, access to journals that publicize these workshops is limited as is money to pay fees and traveling costs.

Description of and Justification for Solution Selected

Involving parents and teachers in the intervention process has been common practice for years. Speech Language Pathologists

feel that mothers do well at reinforcing goals, aiding in generalization, and modeling appropriate language. Home programs are often devised to provide added practice in specific skills (Muma, 1978), and parents routinely serve as agents of carryover (Craig, 1983). Yet, Muma (1983) suggests that parents need assistance in identifying target behaviors before they can take an active role in intervention. They must first learn to identify the skills that are being stressed by the Speech Language Pathologist and produced by the child before they can learn to use facilitation techniques.

Parents and teachers lack knowledge about normal language development and the ability to break tasks down into smaller steps needed to plan and carry through intervention. Knowledge and understanding of language development as it relates to communicative competence is also an essential ingredient in the intervention process. Recent research has demonstrated that with professional training and direction, however, parents and teachers can and do play a critical role in the intervention program (Freil-Patti, 1980). What parents of communication disordered children are trained to do has been demonstrated to affect what their children learn (Tiegerman and Siperstein, 1984).

The solution strategy selected for implementation was a series of eight parent training workshops and four teacher training workshops. The workshop series was designed to increase the parents' and teachers' knowledge and understanding

of the sequence of communication development and to train them to implement language intervention techniques during daily routine activities to facilitate communicative competence. Each parent session was supplemented with a home activity or student packet, compiled to facilitate parent follow-through on techniques and/or information presented.

The following major topic areas were covered in the parent workshop sessions:

I. Pattern of Normal Language Development
II. Definitions/Warning Signs
III. Communication Disorders/Severity Factor
IV. Academic Failure: A Language-Based Problem?
V. Facilitation Techniques - Maintaining Interaction
VI. Facilitation Techniques - Following the Child's Lead
VII. Facilitation Techniques - Providing Appropriate Feedback
VIII. Building Facilitation Skills/Wrap Up

Because of the correlation between communicative competence and other academic and social areas, teachers need to play a greater role in the assessment and provision of instruction related to communication skills. Once a teacher understands that academic problems can be language related, it is important for that teacher to have the ability to relate disorders in specific components of language with difficulties in academic areas (Sebastian, 1983). The following major topic areas were covered in the teacher workshop sessions:

I. Sequential Development of Communication Skills/Terms

II. Observation/Screening Tools for Classroom Use

III. Academic Failure: A Language-Based Problem?

IV. Facilitation Techniques/Activities

Each workshop session ended with a Teacher Activity designed to provide participants with an opportunity to use the tools and information presented. Teacher activities were completed and turned in the following week. The writer addressed strengths/weaknesses, comments, identified needs and concerns in individual consultations. In addition, a teacher training book was compiled by each participant.

Finally, one building level inservice session was conducted for the entire K-6 school staff. The writer addressed the issue of the effect of communicative competence on academic performance, creating a climate for change, language based promotional criteria, and possible strategies for intervention. The session was supplemented with a follow-up survey designed to stimulate thought on the topic of communicative competence and academics and to gather information regarding language/communication instruction on the building level.

Due to time constraints, each teacher session was limited to forty-five minutes and each parent session was limited to one hour. The sessions were multi-media presentations incorporating taped recordings, transparencies, language development references and newsletters, handouts and hands-on activities with children where possible.

Each participant was asked to keep a log. In the log, to be used during each workshop session, the participants recorded information that had been discussed, thought about or puzzling during the workshop. The participants were to also use their logs to record their pleasures, pains, and personal discoveries of the formal information becoming meaningful during their daily rountines shared with their children.

The workshop format selected for implementation enabled the writer to consistently incorporate the following training techniques to foster parent, teacher and school awareness of the importance of facilitating communicative competence:

PARENTS

1. Parents were made aware of grade level requirements, subject area content, and, if needed, taught how to reinforce what was being taught at school.

2. Parents were informed of how language skills, spoken and written, are evaluated by the classroom teacher; what constitutes acceptable and unacceptable work.

3. Parents were in contact with teachers throughout the duration of the practicum.

TEACHERS

1. Teachers began to understand that a lack of linguistic skill significantly contributes to the academic difficulties encountered by many young children.

2. Teachers became more aware of the communicative demands they place on their students.

3. Teachers explored ways to modify their instructional approach to ensure that each child has the opportunity to participate in classroom interactions.

4. Teachers became more aware of the communication skills that are required in higher grades.

SCHOOL

1. Building staff reevaluated the need for appropriate observation and screening tools for use in the classroom to help them to refer and/or appropriately place children in the programs for the communication handicapped.

2. Building staff accepted the challenge to identify educational programs and technologies that teach children how to better communicate in different situations and settings.

3. Building staff agreed to become reacquainted with promotional criteria that addresses the communicative demands placed on children as they progress through each grade level and to reevaluate their appropriateness.

The ability to competently communicate allows young children to make sense of their world, to interact with others and to learn.

Report of Action Taken

In early September, 1986, a cover letter (Appendix N) and copy of the practicum outline was submitted and approved for implementation by the school principal and the grade level chairpersons of Kindergarten and Grade One. The practicum format was then discussed in detail with the grade level chairpersons who had previously agreed to serve as practicum observers. An information flyer (Appendix O), detailing a meeting to discuss implementation of the parent component of the practicum and inviting parents to participate, was designed and sent home to the parents of the target population.

By mid September, the teacher workshop schedule had been discussed and checked against the agency master calendar for scheduling conflicts. Scheduling all teacher workshops for

the month of October was agreed upon. Teacher workshop schedules were given to each Kindergarten and Grade One teacher. Schedules were also posted in the Teacher's Lounge, school office and the Material Center bulletin areas.

Twelve of fourteen parents participated in the group meeting in mid September. Parents were first given copies of the 1986-87 Communication Handicapped Individual Education Plan for their child. A general explanation regarding goals and objectives on the I.E.P.'s was made. The writer then explained the practicum program in detail, continually stressing the importance of all parents present participating in the parent component of the program. Each parent present registered to participate in the workshop sessions. Dates were presented for review and checked against the PTA schedule to avoid conflicts. The school Material Center and Speech Language Lab were designated as meeting sites. Parents were asked to write down one major area/concern they wanted information presented on. They were given copies of the parent workshop schedule as the meeting adjourned following the school supplies raffle.

In early October, the writer had completed gathering materials and information for the four teacher workshop sessions. The writer compiled the training booklets with accompanying developmental charts, handouts, games and resources for a material display. A publicity flyer (Appendix P) was designed, duplicated and disseminated. The writer followed up the flyer

by placing a notice in the Teacher's Lounge area and on the PA announcement schedule for the day preceeding and the day of the workshop sessions.

On the designated date the Kindergarten and Grade One teachers gathered in the Therapy Lab. The lab had been decorated the day before and the writer had tape recorded a therapy session of the target population. The tape recording was playing when teachers arrived for the workshop session. The writer noted how easily the teachers identified their students and imitated speech patterns. The teachers were welcomed by the writer and the school principal. The writer explained the goals of the practicum program and thanked all staff for agreeing to actively participate. The Speech Language Development Pretest (Appendix C) was disseminated. Teachers were asked to carefully read through each question before attempting to answer and to ask questions if necessary. The writer then instructed teachers to complete and return the pretest prior to the next workshop session. Teachers were then given a yellow folder containing theme paper and four dividers. They were instructed to place each training booklet received into the folder, therefore building a reference they could refer to in the future. The value and use of a log was discussed as log books were passed out. The writer explained that teachers could keep folders and logs but would be responsible for bringing them to each workshop session. The Session I - Sequential Development of Communication Skills/Terms - training booklet, which contained information on the following topics, was disseminated:

- Overview of Language Development
- Case Selection Process
- Types of Disorders
- Teacher's Role/Responsibilities
- Therapy Process and Considerations
- Glossary of Terms
- Evaluation

Following the presentation of information on the above areas, teachers were asked to listen to the tape recording that was playing as they entered and to note as many types of disorders as possible. Based on their notations, teachers were then asked to decide as a group which disorder appeared most prevalent among the target population. This group activity served as an excellent culminating activity, allowing teachers an opportunity to share observations, compare student behaviors, and to discuss and use information presented. Teachers were asked to read through the information included in the Session I training booklet and to observe students in the target population on several occasions using the developmental checklists provided. The Session I evaluation was completed quickly and turned in as teachers left for the day.

During the second week of October, teachers gathered in the Material Center for Session II - Observation/Screening Tools for Classroom Use. The writer had compiled and disseminated the Diagnostic Handbook for Communication Skills (Appendix Q) to each participating teacher prior to the workshop session. Teachers were instructed to read through the handbook to become familiar with

the format of the screening instruments and to complete Teacher Activity I from the Session I training booklet. Screening/observation instruments included in the handbook were:

- Articulation Vocabulary Screening Tool
- Screening for Language Problems - An Informal Instrument
- Identification by Observable Symptoms Checklists
- Classroom Teachers Referral Form/Evaluation & Further Study
- Teacher Activity II
- Evaluation

The writer began the session with a discussion of the pretest. Teachers gave answers to the questions and noted their overall performance scores. This activity was followed by a question and answer period to clarify use of the screening/observation instruments and results of Teacher Activity I. Most questions centered around the usefulness of the information gathered using the screening instruments to student performance and/or classroom instruction. The writer referred teachers to the introduction section of the Diagnostic Handbook that described how a communication disorder interferes with a child's overall development and academic progress.

Teachers were then asked to pick a partner, select a screening instrument, practice a quick role play episode depicting a diagnostic session with teacher and student and to be prepared to present the role play before the entire group. The role playing pairs were also instructed to indicate their data recording method, how they would use information gathered and suggestions for follow-up screening where indicated. Teachers enthusiastically worked on their

presentations. The writer noted teachers engaged in much more discussion during the activity and recorded notes of each others comments in notebooks as the role playing ensued. Each teacher pair was asked to complete one role play survey and to give that survey to the designated teacher pair following their presentation. Comments written on the role playing surveys provided peer feedback and also served to generate more discussion. Teacher Activity II, located in the back of the Diagnostic Handbook, was explained. Workshop evaluation forms were completed as the writer encouraged teachers to become familiar with the use of all screening instruments in the Diagnostic Handbook and to record questions, comments and/or problems encountered in their logs for discussion during Session III.

In mid October, Session III - Academic Failure: A Language-Based Problem? was held in the Material Center. A visual display had been designed to depict the learning cycle with accompanying handouts. Logs were disseminated and teachers were instructed to enter notations. The writer then asked for a volunteer to begin a discussion of Teacher Activity II. As teachers began discussing their observation results, the writer and teachers noted most behaviors checked on the checklists clustered on the negative side. Also noted were the similarity of activities teachers presented. Most activities presented were designed to stimulate appropriate response to Wh-Questions. The writer pointed out that failure to communicate competently may be due to an inability to answer questions. The writer and teachers agreed that the ability to respond

appropriately to questions is essential to academic success. The discussion of Teacher Activity II culminated with teachers agreeing to share the language activities they presented with each other. The writer agreed to make copies of each activity for each participant.

The Session III training booklets were disseminated to participants and placed into the third section of the yellow notebooks. The training booklet contained information on the following topics:

- The Learning Cycle
- Communication & Language
- Components of a Language System
    - Pragmatics
    - Semantics
    - Syntactics
- Dimensions of Language
- Language and Academics
- Teacher Activity III (Communication Analysis)
- Evaluation

Following presentation of information on the above areas the teachers were divided into three groups. The groups were instructed to listen to the tape recording of the target population played previously during Session I and to decide the language component(s), pragmatics, semantics, syntax, that appeared in error most often. The tape recording was played twice. A third playing was requested as the groups wrestled with the terms. This activity served as a good example of the learning cycle in operation in addition to facilitating an understanding of the terminology. The groups were then instructed to record their response and to post the response on the chalkboard.

Each group had to defend its response after posting. The activity results were as follows:

GROUP I - Pragmatics and Syntactics

GROUP II - Syntactics and Semantics

GROUP III- Pragmatics and Syntactics

During the discussion that ensued, teachers expressed interest in the pragmatic errors which all had previously viewed as "just poor manners" and/or behavior problems as opposed to a language disorder. The writer referred teachers to the section of the training booklet that addressed the area of pragmatics and resources on the reference list for further information. The writer pointed out to teachers that each group had identified the area of syntax, in the activity, as a language component noted to be frequently in error.

Teacher Activity III was explained using a sample tally form. Teachers were instructed to carryout Activity III over the course of the next week and to bring the activity results to Session IV for discussion. A new found interest was evident as teachers quickly completed the evaluation forms before leaving.

Near the end of October, Session IV - Facilitation Techniques/ Activites was held in the Speech Therapy Lab. Charts of language facilitation techniques were displayed around the room in an effort to focus attention of all participants on the final topic for discussion. A copy of each chart was included in the Session IV training booklet, which also contained information on the following topics:

- The Language Environment
- Instructional Priorities

- Goal Functions of Language
- Assisting Language Development
- Ways to Facilitate Language Learning
- Additional Language Facilitation Strategies
- Conversational Devices
- How Listeners and Speakers Interact
- What We Do With Our Language

The writer guided the teachers through a discussion of specific steps a teacher or parent can use to structure a facilitating linguistic environment. Teachers exchanged ideas, comments, and language activities they use in their classrooms throughout the session. The writer noted the increased use of communication terminology.

Teacher Activity III - Communication Analysis was then discussed. Teachers were asked to identify topics of most interest to children in the target population, children who initiated interactions most often/least often, conversation entry, maintenance, and exit behaviors noted and degree of dependence on adult in classroom. The writer pointed out that this type of analysis enables the teacher to begin to pinpoint specific communication problems with a particular child and to see what the problem may be.

The writer then presented each teacher with an activities booklet (Appendix R) entitled TALK IT UP. Teachers were asked to select and use the activities in the booklet in their classrooms and to submit additional activities to be included in an expanded version, to be compiled during the 1987-88 school year. Workshop evaluations and the posttest were passed out and quickly completed.

The writer then presented Certificates of Award (Appendix S) to each participating staff member and the principal. The principal thanked teachers for actively participating and asked that training books compiled during the workshop sessions be shared with professional peers. Staff members enjoyed refreshments before leaving.

In early November, the writer began to compile the information and material collected for the parent training component of the practicum. An announcement flyer (Appendix T) was sent to parents to remind them of the first workshop session scheduled for 11/7/86. On the designated date, at 1:00 pm in the afternoon, eight of fourteen parents notified gathered in the Speech Therapy Lab for Session I - The Nature of Learning. A tape recording of communication handicapped students conversing as they shared a card game was played as "background music", for parent's pleasure, as they arrived and perused references displayed. The writer and principal welcomed parents and encouraged their continued participation. Parents were asked to turn to the person on the left and introduce themselves. The introduction was to include the parents' name, their child's name, and their reason for agreeing to participate in the workshop sessions. The introductions served as a social warm up, allowing each participant the opportunity to meet another parent with a communication handicapped child. The writer then explained that the workshop sessions were designed to increase parents' knowledge and understanding of language/communication development and the

importance of communicative competence to academic success. The writer stressed that by becoming involved in the workshop sessions, the participants would better enjoy the following benefits:

- They would see the long term importance of the workshop sessions
- They would become sensitive to possible problems in communication development
- They would have a framework within which to place individual differences and delays in communication development
- They would increase the frequency of dialogue between them and their children by using facilitation techniques and materials provided

Each participant was given a black 3-hole binder containing notebook paper and eight dividers. The writer explained that the binders could be taken home but were to be brought to each workshop session. Parents were told that workshop session packets/handouts would be replaced if necessary, binders would not be replaced. Parents were also given a log booklet and instructed on its use. Session I handouts were then disseminated. The writer instructed the parents to place all handouts received in the binder, therefore building a reference they could refer to in the future. The Session I workshop booklet contained information on the following topics:

- Intent of Parent Workshops
- The Nature of Learning
- Warning Signs

- Parent Activity I
- Language Facilitation Scale
- Pretest

The highlight of Session I was the parent activity designed to reinforce the presentation of the components of the learning cycle. The writer asked for two volunteers who, once standing, were used as models. The writer pinned the word Reception (Input) on one volunteer and Expression (Output) on the other. The remaining parents were asked to pull from a deck of index cards which had an activity printed on each. The parents were told to decide if the activity they selected was a Reception (Input) activity or an Expression (Output) activity. Discussion immediately ensued with the writer encouraging the parents to consult each other and/or to work in groups. Parents were then instructed to place their cards on the appropriate model. Three of eight parents correctly placed their activity cards. Another round of the parent activity was played with five of eight parents correctly placing their activity cards on the models. For the last round of the activity, the parents were instructed to number the Parent Activity Sheet I from one to five. Parents then responded in writing, recording only (R) or (E) on the activity sheet, as the writer read five activity cards. Parents who had three or more correct responses were allowed to select rewards from a table of school supplies (crayons, yellow writing tablets, primary and No.2 pencils, sets of erasers, theme paper, folders, pens, glue, paste, tape, and rulers). The parent activity was designed with only three sets of activity cards. At

the end of the third set, parents requested an additional game. One additional game set was granted with rewards. This group activity served as an excellent culminating activity, allowing the parents to discuss and use information presented. The Speech Language Development Pretest was then disseminated. Parents were instructed to place the pretest in their binders and to complete as much of the pretest as possible prior to the next workshop session. Parents were also told that the pretest would be collected for use as camparative data. The workshop evaluation forms were passed out and quickly completed as parents gathered around the refreshment table. The writer noted that only one parent asked a question about the tape recording that was being played as they arrived.

In mid November, a flyer was sent to parents to remind them of Session II - Patterns of Normal Language Development with a notice to bring completed pretests and their workshop binders. The therapy lab had been decorated with balloons and a material display table. Groupings of balloons had articulation and syntax errors, frequently spoken by the target population, written on them. The decorations and material display were used to generate continued interest and enthusiasm. Session II attracted ten of fourteen parents. The workshop proceeded according to the agenda with the writer welcoming the entire group. New participants (parents) were asked to stand and introduce themselves. They were then given binders, logs and a copy of the pretest. The logs were disseminated and parents were instructed to enter notations (question on Session I material, pretest,

feelings, expectations, complaints, suggestions and/or comments). Two parents who had attended Session I explained how the logs and training booklets were to be used. The Session II training booklets were disseminated and placed into the second section of the black binders. The training booklets contained information on the following topics:

- Areas of Development
- Speech and Language Development
- Needs in Language Development
- Skills Necessary for Effective Communication

Following the presentation of information on the agenda, with specific emphasis on language/communication development, the parents were divided into two groups. Each group was given a copy of Parent Activity II and were instructed to select, to discuss and to address one of the three problem situations listed. Parents were reminded to keep in mind the child's age, developmental level and the setting in each situation. Each group was to record their problem solution on the Parent Activity II sheet. Once the group members agreed on how to best handle the situation selected, they were to present their problem and solution strategy to the entire group. Following the individual presentation, the audience groups were to decide if they agreed with the solution presented or would they handle the problem situation differently. Each group presented. The activity presented the writer with an opportunity to listen and note which parents were verbal, how parents interacted with each other, speech patterns of participating parents, attitudes and

practices used with communication disordered children and the overall communicative competence of the parents present. The parents actively discussed their problem situations, looked over handouts in the training booklets for information to support their solutions and asked many questions. The parents appeared to enjoy the activity. Parents completed evaluation forms following a question/comment session and were encouraged to make notations in their logs and to enjoy refreshments before leaving.

In early December, flyers were sent to parents to remind them of the upcoming workshop. Session III - Communication Disorders/ Severity Factor was held on the designated date in the school material center. The flyers had included an announcement about a Christmas Raffle for parents and Santa stockings for each student whose parent attended. Twelve of fourteen parents notified attended in addition to two grandparents. Miniature Christmas trees had been placed on each table in the meeting area. The writer had prepared hot apple cider, coffee, homemade cookies and fruit cake for refreshments. A recording of Christmas carols being sung by the target population played as parents gathered for the workshop. The writer welcomed the parents, introduced new participants and thanked all for coming out and actively participating. Logs and training booklets were then disseminated. The training booklets contained information on the following topics:

- Articulation Disorders
- Language Disorders
- Hearing Disorders

- Fluency Disorders
- Voice Disorders
- Cleft Palate/Cleft Lip
- Severity Factor

Session III proceeded as described in the agenda. The writer encouraged parents to ask questions and to try to determine from the information presented the communication disorder(s) their child appeared to exhibit. After the information was presented many of the parents indicated that their children seemed to have problems similar to several of the disorders described as opposed to one specific disorder.

In Parent Activity III, parents were asked to listen to the tape recording of the target population that was played in Session I. The recording was played a second time with the writer encouraging parents to listen carefully to the dialogue. Several questions were presented for parent feedback. The writer noted how parents had begun to use some of the formal terminology and that several parents made frequent reference to handout material. Many of the parents revealed feelings of impatience and helplessness when they could not understand or follow the dialogue of their children. Parents were again urged to write such feelings and thoughts in their logs before, during and after workshop sessions.

For Parent Activity IV, parents were instructed to listen to a recording of the target population singing Christmas carols during their therapy session and to determine if language problems were noticeable. The parents noted songs were familiar so identifiable

but they could easily detect articulation errors. Parents rated the overall intelligibility of each student using the Severity Rating Scale in the Session III training booklet. The writer asked parents to imagine potential problems each student might encounter as a result of their communication disorder. Parents also discussed how the degree of intelligibility affects the child (student), parent, teacher, peers and community. The writer asked for questions and comments as she disseminated evaluation forms. Following completion of the session evaluation, each parent pulled a raffle ticket from a gift box. The parent with the lucky ticket received a twelve pound turkey donated by a local grocer. Each parent was then given a Christmas stocking which contained candy canes, nuts, pencils, crayons and a season activity coloring/activity booklet for their child. Parents thanked the writer for an informative and fun filled workshop as they enjoyed the refreshments.

At the beginning of January, materials were gathered for Session IV - Academic Failure: A Language Based Problem?. Flyers were sent home with the target population on Monday, January 5, 1987 and again on Thursday, January 8, 1987. On January 9, 1987, eight of fourteen parents notified attended the workshop session. The session began with a brief review of the previous three workshop sessions. Several parents asked questions following the dissemination of logs and the Session IV training booklets. Many of the parents present expressed concern over the lack of material presented that would be useful in working

directly with their children. Having anticipated this concern, the writer had prepared several student activity booklets that were to be distributed at the end of the session. Parents were instructed to place the Session IV training booklet into their binders. The booklet contained information on the following topics:

- The Nature of Learning (Diagram)
- A Foundation for Learning (Diagram)
- Academic/Language Based Problems

Throughout the presentation of information in the workshop, the writer stressed that historically, much attention has been given to young children's acquisition of language for communication and that educational efforts have been considered more productive when they focus on developing the communication systems of younger children. The writer also pointed out that it has been only recently that attempts to understand the effect of language disorders on academic areas have emerged. In summarizing the information presented, it was pointed out that failure to develop communicative competence negatively impacts upon communicative, social and academic domains. Evidence that children demonstrating language disorders do not outgrow these problems was made available to parents through a reference list of reading material.

Parents were given a copy of the Verbal Expression Screen, Concept Development Booklet and a new set of crayons. The writer demonstrated how the materials were to be used with children. Several parents expressed a desire to observe in the classrooms so they could witness some of the academic/language related factors discussed

during the session. The writer reminded parents that they can observe in their children's class anytime during the day with prior notification to the school office. Parents made notations in their logs and completed evaluation forms before leaving.

Information and activities for Parent Workshop Sessions V-VIII were taken from the Conestoga Language Interaction Program. As stated in the manual, this program permits immediate evaluation and modification of adult-child interaction. The parents provide language facilitation during everyday activities and record progress on an ongoing basis. The Conestoga Language Interaction Program , published by Communication Skill Builders, Inc., enables parents to:

- identify their child's needs in language learning
- examine thier own interaction skills
- evaluate the initiation and response patterns in interaction
- alter their response pattern to follow the child
- evaluate the intent of the communication
- examine the effects of adult speech in their child's language use
- match language length and complexity to meet their child's needs
- increase language feedback
- maintain ongoing communication interaction
- use their interaction skills to facilitate their child's overall language development

Near the end of January, Session V - Maintaining the Interaction, was held in the Speech Language Lab. Eight of fourteen parents attended the session. Session V was initiated with a brief review

of Sessions I-IV. Parents were encouraged to ask questions and to [56] record in their logs. Following the review, the Session V training booklets, which contained information on the following topics, were disseminated:

- Skills for Effective communication
- Language Facilitation
- Ongoing Interactions
- Terminology (Definitions)
- Pretest (2nd administration)

The highlight of Session V was Parent Activity V. In this activity, parents were to use information presented during the session to role play effective listener behaviors that facilitate maintaining interaction. Parents were divided into two groups. Each group had to appoint a listener, speaker, observer and a recorder to actively carry out the role play. As the listener and speaker interacted, the observer identified verbal and non-verbal listener behaviors that successfully maintained the interaction. The recorder tallied behaviors identified by the observer. Parents actively participated as the role playing ensued. The large group discussion that followed helped parents begin to understand how easily they facilitate or hinder interaction with their children. One of the parents pointed out how body-language (non-verbal behavior), attitude and previous behavior communicate positive or negative messages to a child. The second part of Parent Activity V instructed parents to imagine how listener behaviors that do not facilitate maintaining interaction affect a child's social/ emotional development and communication skills. Parents listed those

behaviors they consciously and unconsciously use when they choose not to maintain an interaction.

At the conclusion of Parent Activity V, parents were given a second copy of the pretest and instructed to complete and bring it to Session VI. The writer expected the second administration of the pretest to reflect an increase in the percentage of correct answers based on availability and understanding of more communication skills information.

Near the end of February, Session VI - Following the Child's Lead was held in the Speech Language Lab. Eight of fourteen parents attended the session. Pretests were collected as parents asked questions about pretest items and information presented in Session V. The writer encouraged parents to record all questions in their logs and assured parents that their questions would be addressed during and after the presentation. Session VI training booklets contained information on the following topics:

- Session V Review
- Leading & Following in the Interaction
- Responding to the Child's Meaning
- Responding to the Child's Language Form
- "Charting" what's Happening

In Session VI, parents completed several activities simulating leading and following roles in an interaction and facilitating development of more effective messages by the child. To complete the activities, the writer used written dialogues from the Conestoga Language Program published by Communication Skill Builders, Inc.

Parents were shown how to "chart" what was happening in the dialogues. The charting provided a clear, graphic representation of the communication process in action. As parents became more comfortable with the "charting" process, they began to enjoy the activities and to learn from the information the process revealed.

Throughout the session the writer stressed how important it is for parents to remain responsive to the child's message and at the same time confirm that the child's message was understood. It was also pointed out that a child is more likely to continue an interaction when he is focusing on his own interests and has initiated the topic being discussed. As the workshop ended, several parents commented on how they could now see why facilitation of language development is hindered when adults don't take the time to positively demonstrate to children how a message can be sent in a more correct, complete and effective manner.

At the end of March, Session VII-Providing Appropriate Feedback was held in the Speech Language Lab. Eight of fourteen parents invited attended the session. Parents were encouraged to note in their logs the experiences and feelings they had encountered as they completed Home Activity III. Session VII training booklets were disseminated and put into the binders. The training booklet contained information on the following topics:

- Use of Feedback in Communication Facilitations
- Following the Child's Lead
- Complexity and Clarity of Communications
- Props for Home Use

The highlight of Session VII was the follow-up discussion and activities used to analyze Home Activity III of Session VI. Parents worked in pairs. The partners groaned aloud often as they transcribed tape recorded language samples they had collected since Session VI. Most parents had recorded several interactions. As the partners completed their transcribing under the appropriate headings of Child - Adult, they were instructed to read through the dialogues they had constructed and to note the number of child/adult interactions, whether the interaction was maintained, and the appropriateness of the adult responses. The parents were reconvened into a large group and guided through a comparative analysis of the four language samples that were transcribed. As the parents discussed the results of their interactions, they became more aware of specific interaction styles they use. This insight provided the perfect lead into the next part of the culminating activity for Session VII. The writer had drawn a chart on the blackboard. On this chart, the writer listed problems parents noted had occurred as they recorded interactions with their children. As the writer listed the problems, parents began to point out additional problems noted from the discussion of the language samples. The writer encouraged parents to identify possible solutions for the problems noted. The writer noted a problem frequently cited was the child's inability to wait for the feedback response of the other person (parent). The writer pointed out to the parents that they should use feedback in this case whenever possible without interrupting the child's flow of conversation. The writer added, with emphasis, that the child would learn to wait as the

interactions increased in frequency of occurrence. This activity served as a catalyst for continued discussion and helped the parents to analyze their interactive styles.

By the middle of April, materials had been gathered for the final workshop - Session VIII - Building Facilitation Skills. Eight of fourteen parents invited attended the session. The parents visited with each other, shared interesting incidents and perused the reference display as they waited for the final session to begin. The parents were called to order and encouraged to make a final notation in their logs. The Session VIII training booklet was disseminated. The training booklet contained information on the following topics:

- The Articulation Vocabulary Screening Tool
- Workshop Sessions V - VIII Summary
- Language Facilitation Rating Scale Analysis
- Review Gaming

As the writer began Session VIII, parents enthusiascally participated in each activity. Several of the parents had spent time reviewing and quizzing each other over information presented in Sessions I - IV and proudly boasted that they were "ready" for any posttests, quizzes and/or games to be played. The writer noted the festive attitude of the parents and asked that this mood be noted in the logs.

The Home Activity for Session VII had been to administer the Articulation Vocabulary Screening Tool and to bring the results and any observations made to the final workshop session. Each parent

had followed through with the activity and brought along their results in addition to the tool itself. Parents were given an opportunity to share their results and any incidents that followed use of the tool. A large group discussion followed addressing questions posed in the training booklet. As the parents compared their findings and answered questions, the writer noted a new confidence among them. Parents readily volunteered their feelings, thoughts, and opinions. They also rendered constructive criticism and offered realistic suggestions and solutions to each other as the workshop discussions continued.

The writer was surprised and pleased about the ease with which the parents completed the review activity. The group was divided into pairs. Each pair had to read through the same dialogue and then analyze it. The analysis consisted of (1) charting leading and following, (2) indicating failure to follow a lead, (3) indicating where interaction was maintained, (4) identifying response (sentence) types and (5) identifying verbal and non-verbal behavior.

In part two of the first activity, the parents were reconvened into a large group for further discussion. Parents then individually completed a Language Facilitation Rating Scale on the activity dialogue. Most of the parents were able to easily identify areas in need of improvement.

Parents reevaluated themselves using the Language Facilitation Rating Scale and were guided through a comparative analysis of the three ratings they had completed on themselves. The parents noted strengths and weaknesses, areas of least and most improvement and areas needing improvement on each rating. The writer then asked

parents to give an honest overall analysis of their growth during the workshop sessions. A brief review of the facilitation techniques presented was followed by completion of the posttest by all parents.

Session VIII ended with a gaming activity. Four prizes were awarded to the parents who could successfully complete and/or answer specific questions. Competition was very high. Parents seemed to really enjoy the games and were surprised when they were each presented with a framed certificate for participating. In addition, the writer disseminated a copy of the Talk It Up activity booklet, crayons and primary pencils to each parent as she and the principal thanked the parents for actively participating in the workshop sessions. Parents shook hands, some hugged each other and the writer as they enjoyed refreshments and conversed before leaving.

Initially, the writer planned to conduct an agency level inservice session for elementary administrators. The agency level inservice was approved for presentation during the month of February of 1987. In December of 1986, three months after this practicum was implemented, the local School Board announced it would not renew the contract of the Superintendent when it expired on December 31, 1987. This action resulted in in-house turmoil and perpetuated an unfortunate set of circumstances for the community, the school system staff, and the practicum writer. Biweekly elementary administration meetings were closed to all but building and central administration staff. In an effort to carry out each component built into the practicum proposal, the writer approached the administrator of the practicum site with a request to conduct the agency level inservice at the building level

for the K-6 staff. The request was approved. The inservice was held in conjunction with a pre-scheduled system wide inservice on Critical Thinking Skills.

Near mid February, the K-6 staff met in the Material Center for the building level inservice entitled - Teaching Oral Communication and Critical Thinking Skills in Elementary Schools. The session was begun with a game. The writer whispered a short message to the first teacher seated on her left. That teacher was instructed to "pass the message on" remembering not to repeat. The last teacher to receive the message stood and announced the message she had received. Needless to say, the message announced was not the message sent. The game served as an excellent ice breaker and introduction to the inservice topic - Oral Communication in the Elementary Schools.

The writer explained the practicum and its component parts. Practicum participants, Kindergarten and Grade One teachers, were introduced and asked to highlight their learning experiences and to share the training handbooks they compiled during the workshop sessions. Each teacher then received an agenda and inservice booklet. Since the building inservice was to cover two topics the writer explained that information would be presented rather quickly but additional readings and materials would follow and she would be available as a resource as needed.

Information and materials were presented on the following objectives:

1. Derive a working definition for
    a. Oral communication
    b. Communicative competence

2. Highlight effects of a communication disorder on academic performance.

3. List factors which create a language-learning environment.

4. Identify language based promotional criteria by grade level/suggest strategies for intervention

5. Review Standards for Effective Oral Communication Programs.

Following the presentation of information on the above objectives, teachers were asked to divide into three groups. Each group was given a written description of two communication disorders and instructed to list at least four ways each disorder could possibly impede academic and/or social performance. The teachers readily identified ramifications of a communication disorder. The groups posted and reported on their findings. Each group was then asked to identify one oral communication instructional technique/activity either used by teachers or available for use. This group activity served as an excellent culminating activity, allowing teachers an opportunity to discuss and use the information presented and to share instructional ideas. Teachers were asked to read through the information in the inservice booklet and to more closely observe and note the social interactive behavior of students who exhibit communication delay, difference and/or deviance. Copies of the Diagnostic Handbook for Communication Skills (Appendix Q) and the Talk It Up Activities Booklet (Appendix R) were made available to any teacher who submitted a written request for a copy. The inservice session evaluation was then completed as teachers prepared to discuss Setting the Climate for Critical Thinking Skills.

The follow-up survey (Appendix U) was disseminated, completed by building staff and returned to the writer in early May. Teachers were asked to respond to four questions regarding the teaching of oral communication skills and promotional criteria. The survey responses indicated that teachers felt the teaching of oral communication skills was important to the overall academic development of the child and if emphasized on a daily basis would facilitate communicative competence in elementary level children. The survey responses also indicated teachers were not pleased with promotional criteria presently in place. Teachers indicated that the criteria are seldom used because oral communication skills have not been emphasized in curriculum used in elementary classrooms. Many of the survey respondees (84%) indicated that they would be interested in receiving additional readings and materials for oral communication skills instruction.

CHAPTER V

RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Presentation and Analysis of Results

The major goal of this practicum was to design and implement an inservice program with training packets for parents and teachers of young children, on the development of communication skills and techniques for facilitating communicative competence. An increase in parents' and teachers' knowledge and understanding of language development and the importance of communicative competence to academic success was also expected. Finally, an increase in the frequency of communicative behaviors, production of increasingly more sophisticated language functions and use of more advanced language forms by first grade students was expected as parents and teachers implemented use of the facilitation techniques presented. Ten objectives were established to accomplish the above goals:

OBJECTIVE 1. Identify five communication disorders and briefly describe each.

This objective was met. On the pretest, 5 of 6 teachers could identify and describe three communication disorders. Parents were administered the pretest in Sessions II and VI. Three of 10 parents on the first administration and 6 of 8 parents on the second administration could perform the objective. By the end of the practicum period, each parent and teacher could identify and describe five communication disorders with 100% accuracy (Appendices C and H).

OBJECTIVE 2. List four receptive language and four expressive language skills a five year old child should have mastered prior to entering kindergarten.

This objective was overwhelmingly accomplished by the teacher workshop group. As teachers progressed through the workshop presentations and materials, they became more aware of how receptive and expressive language skills form the foundation for all subsequent learning.

The parent workshop group experienced some difficulty with this objective. At the beginning of the practicum implementation period, all parents were unfamiliar with the terminology. By the end of the implementation period, 8 of 8 parents were able to list four expressive language skills a five year old should have mastered prior to entering kindergarten. Two of the parents were unable to list four receptive language skills. The writer felt the parents' enthusiasm and willingness to repeatedly attempt this activity and their knowledge of references containing this information was as valuable as 100% performance on the initial objective (Appendices C and H).

OBJECTIVE 3. Observe each child within the target population in the classroom for a 15 minute period and complete an individual social profile. (teachers)

This objective was accomplished. In early September of the 1986-87 school term, Kindergarten and Grade One teachers were asked to complete a Personality and Behavior Profile (Appendix D) on each communication handicapped student enrolled in their class (as per the Speech Language Therapy Schedule). This activity provided teachers an opportunity to observe and note social, emotional and communicative behaviors of the target population. The activity also introduced teachers to a simple observation/screening tool they could use to gather diagnostic data. Teachers noted many of the target population experienced similar academic problems, fears, peer relationships, reactions to stress/anger and home situations.

OBJECTIVE 4. Observe child, in home, for 15 minute period and complete parent questionnaire. (parent)

This objective was met prior to the implementation of the practicum. In the initial case conference, communication goals and objectives were identified and agreed upon for therapy focus during the 1986-87 school term. Parents signed permission to place in program forms and received a copy of the I.E.P. (individual education plan) and a Parent Questionnaire for Communication Disorders (Appendix B). Parents were instructed to complete and return the questionnaire. Parents who were unable to attend the

scheduled case conferences were mailed copies of all forms including the questionnaire. Students could not attend therapy until all forms were completed and returned to the Speech Pathologist.

OBJECTIVE 5. Identify communication behaviors noted during the classroom/home observations.

This objective was accomplished in discussion periods during the initial workshop sessions. Parents noted the following behaviors most often on the parent questionnaires:

a. language disorders were most prevalent

b. target population began to use words at 12-15 months of age

c. target population began to use phrases at 15-24 months of age

d. poor academic progress

e. 33% of target population below poverty level

f. 42% of target population have familial history of communication problems

g. direct relationship between onset of communication problems and school entry

Data compiled from use of the Screening for Language Problems (Almerico, 1982) indicated characteristics checked to describe communicative behaviors of the target population clustered around the areas of vocabulary, conversation skills, language comprehension, questioning skills, word orders, nonverbal and verbal response patterns.

OBJECTIVE 6. Listen to tape recordings of communication patterns of the target population and identify the communication disorder and severity factor.

This objective was mastered during activities in several teacher/parent workshops. Parents and teachers listened to tape recordings of the target population and were guided through a series of questions designed to help them determine the degree of severity of the disorder and its effect on the child's social, emotional and academic performance. Use of the rating scale (Appendix G) enabled teachers and parents to better understand why some students are scheduled for therapeutic services and some are not and how overall intelligibility, age and sex of a child directly affect the child, parents, teachers, peers and the school community. Participants had to have mastered Objective 1 to successfully complete Objective 6.

OBJECTIVE 7. Identify three language/communication facilitation techniques and give an example of each.

This objective was also achieved in parent and teacher workshop sessions. Mastery of this objective was demonstrated by 7 of 8 parents and 5 of 6 teachers on the posttest (Appendix H).

OBJECTIVE 8. Demonstrate an understanding of techniques to facilitate communicative competence using role playing episodes followed by discussion for appropriateness of parent response.

Kindergarten and Grade One teachers were exempted from this objective. The writer felt participating teachers exhibited an understanding of communication facilitation techniques and needed only to be encouraged to incorporate use of these techniques on a consistent basis.

In Parent Workshop Sessions V-VIII, parents participated in several dialogue simulations using observation and charting techniques. The simulations were followed by either discussion, using the Role Playing Survey completed by the audience (observers), or charting and analysis of the results by the entire group. The dialogue simulations and role playing allowed parents an opportunity to "see" exactly how their verbal and nonverbal behaviors directly influence the communicative interactions they share with their children. Many parents were able to identify personal verbal and nonverbal behaviors that do not facilitate communicative competence. A comparison of the results of the role playing pretest and posttest in Parent Workshop V is shown in Table 1.

Table 1

Role Playing Survey Results
(Parent Workshop V)

Listener Behaviors	Groups in Agreement Pretest (Interaction Maintained)	Groups in Agreement Posttest (Interaction Maintained)
I	0	2
II	2	2
III	1	1
IV	1	2

OBJECTIVE 9. Select or design two activities in different settings, with appropriate materials, that would facilitate communicative competence.

Due to the amount of material compiled and developed for presentation and time constraints, participants were encouraged to locate and select two activities that would facilitate communicative competence. Teachers shared several language-learning activities in Teacher Workshop Session III. These activities focused on building oral communication skills and as suggested on many Activity Rating Scales, were used to form the core of the Talk It Up Activities Booklet.

Parents were provided with many activities and diagnostic booklets (Seasonal Activities Booklet, Talk It Up Activity Booklet, Verbal Expression Screen, Concept Development Book and the Articulation Vocabulary Screening Tool). Parents were encouraged

to select and use the activities in the booklets as a basis for initiating communicative interaction. Two groups selected activities from the references and the third group designed a language bulletin board. The target population was using the same or similar materials in the classroom and therapy lab resulting in their being knowledgeable of how the material was to be used. This familiarity provided the target population with topics of interest to use for conversation. The writer emphasized the importance of using the activities to initiate communication interaction, allowing children to take the lead, using techniques presented to maintain the interaction, and providing appropriate feedback -- all of which are the ingredients needed to facilitate communicative competence.

OBJECTIVE 10. Document completion of training objectives for facilitation of communicative competence.

Several evaluation tools addressed the successful completion of this objective. Tables 2 and 3 address the number of participants per session and summarize the rating responses obtained on the workshop session evaluations.

Table 2

Session
Number of Teacher Participants/Evaluation Ratings

Session	Date	No. of Participants	Overall Rating (1 - 10)
I	10/09/86	6	8
II	10/15/86	6	8
III	10/20/86	6	8
IV	10/27/86	6	9

(One Grade 1 teacher did not participate due to long term absence)

Table 3

Session
Number of Parent Participants/Evaluation Ratings

Session	Month	No.of Participants	Overall Rating (1 - 10)
I	Nov.	8	9
II	Nov.	10	8
III	Dec.	14*	10
IV	Jan.	8	9
V	Jan.	8	9
VI	Feb.	8	9
VII	March	8	10
VIII	April	8	10

*(Increase in number due to Xmas holiday raffle)

Tables 4 and 5 summarize the workshop session pre- and posttest data which clearly shows a steady increase in teacher and parent understanding of communication development and techniques for facilitating communicative competence.

Table 4

Pre- and Posttest Data (Teachers)

Session	Teacher	Pretest Scores	Session	Teacher	Posttest Scores
II	Kdg 1	23/23 (100%)	VI	Kdg 1	20/20 (100%)
	Kdg 2	17/23 (74%)		Kdg 2	18/20 (90%)
	Gd 1-1	23/23 (100%)		Gd 1-1	19/20 (95%)
	Gd 1-2	23/23 (100%)		Gd 1-2	19/20 (95%)
	Gd 1-3	14/23 (61%)		Gd 1-3	18/20 (90%)
	Gd 1-4	17/23 (74%)		Gd 1-4	17/20 (85%)

Table 5

Pre- and Posttest Data (Parents)

Session	Average Pretest Scores	Session	Average Posttest Score
II	13.4/23 (58%)	VIII	16.9/20 (84%)
VI	18/23 (78%)		

Diagnostic data gathered from readiness tests administered by classroom teachers during the 1986-87 school term indicated substantial improvement in language related areas. Additionally, pre- and post assessment data (Appendix M) gathered by the writer on the target population indicated substantial gains in the areas of receptive vocabulary, auditory analysis skills and concept attainment. Informal measures and observations reported by teachers and parents indicated an increase in the frequency of communicative behaviors, production of more sophisticated language functions (questioning skills

and conversational devices) and use of more advanced language forms by a majority of the target population.

Training handbooks compiled during the workshop sessions served as ready references for participants and were used throughout the practicum implementation period. The writer was very pleased to see handbooks being shared with professional peers and neighbors. In addition, the writer was overwhelmed with requests for copies of the Diagnostic Handbook, Verbal Expression Screen, Seasonal Activities Booklet and the Talk It Up Activity Book from teachers and parents throughout the school system.

Conclusions

An examination of the results of this practicum indicates that all goals were achieved. Each teacher and parent participant demonstrated increased knowledge and understanding of communication development and techniques to facilitate communicative competence. Teachers expressed an increased awareness of how communicative competence relates to academic performance. Teachers also exhibited a better understanding of the value of classroom screening to the referral (diagnostic) and intervention (programming) process.

The consistent participation of a core group of parents was an unexpected plus throughout the implementation period. This core group's consistency resulted in a closeness that fostered cooperative learning, motivation, and support. The workshop evaluations indicated parents perceived their efforts as very successful and beneficial to their children. Many of the parents inquired about the possibility of follow-up workshops and materials during the 1987-88 school term.

The building level inservice highlighted the importance of teaching oral communication skills and encouraged the entire practicum site K-6 staff to review oral language promotional criteria and activities for intervention.

The diagnostic tools and activity booklets designed specifically for this practicum were considered to be interesting and very useful by the participants. These materials focused on gathering diagnostic data at the primary level and providing participants with instructional ideas and activities applicable in the home and classroom.

In addition to the anticipated positive effects, this practicum also produced some unintended positive side effects. The discussion of the impact of communication disorders on communicative, social and academic domains demonstrated to parents and teachers the broad effects of a failure to develop communicative competence. As a result of this practicum, parents and teachers better understood how a deficient communication system may be instrumental in adversely affecting social development and peer relationships as significantly as academic areas.

Another positive side effect was the parents' increased understanding of communication development and a working knowledge of the

various terminologies which enabled each parent to feel more comfortable in their dealings with professional staff. Information presented in the workshops assisted parents in making sound decisions for their children's continued language-learning needs and provided them with the insights necessary to "follow through" with activities and newly acquired skills in an effective manner.

It is the writer's conclusion that parents, teachers and students in the target population did benefit as a result of this practicum. There are no formulas or lists of procedures that will guide children to effective communication in any situation. This practicum emphasized to all participants that sensitivity to the factors involved in various kinds of communication combined with experience in participating in them will help children respond appropriately to the many different communications they face daily.

Recommendations

1. Obtain information on participants' background, training, needs and areas of interest so training is relevant.
2. Rewrite or outline information that is very technical or research oriented.
3. Provide resources and as many samples of references as possible so participants have an opportunity to build their own resource/ reference handbooks.
4. Provide an economical means for filing or compiling information and handouts provided.
5. Provide hands on experience when possible and simulate situations by role playing.

6. Reward participants for active participation and growth.
7. Continue to address professional peers and administrators in an effort to promote the teaching of oral communication skills in elementary schools thereby facilitating development of communicative competence in young children.
8. Continue to develop inservice materials for ongoing parent and teacher training in the area of oral communication skills.

Dissemination

The writer intends to disseminate the materials and findings of this practicum as follows:

* Copies to Speech Language Pathologists in local school corporation.
* Copy to coordinator of SLP's as model inservice program for parents and teachers.
* Presentation of agency level (administrative) workshop highlighting practicum methods and findings.
* Presentations in local, state, regional and national level early childhood/education conferences.
* Sharing of practicum findings with local At Risk Committee for possible inclusion in 1988-89 state funded program for at-risk (full day Kindergarten/linguistic mismatch) students.

** (Was appointed to School Corporation At-Risk Committee as a result of practicum)

* Copy to the State Board of Education, Department of Child and Maternal Health.

** (Was appointed to State Black and Minority Health Advisory Committee as a result of this practicum)

* Copies of all diagnostic tools and activity booklets to licensed dayhomes that participated in Practicum I.
* Possible publication of the following:

  Articulation Vocabulary Screening Tool
  Concept Development Booklet/Talk It Up Activity Booklet
  Seasonal Activities Coloring & Language Booklet

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APPENDIX A

READINESS TESTING DATA

1985-1986

STUDENT	TEST DATA	STUDENT SCORES	READINESS SCORE
1	READY STEPS		
	Instructional Language	9/15	12
	Listening Comprehension	3/8	6
	Sequencing	3/8	6
	Auditory Discrimination	12/18	15
	METROPOLITAN		
	All areas average		
2	READY STEPS		
	Instructional Language	9/15	12
	Listening Comprehension	0/8	6
	Sequencing	0/8	6
	Oral Language	3/4	4
	General Vocabulary	23/36	30
	Categorizing	2/6	5
	Using Oral Context	3/6	5
	METROPOLITAN		
	Rhyming		
	Letter Recognition		LOW
	School Language/Listening		
	Quantitative Language		
3	READY STEPS		
	Auditory Discrimination	11/18	15
	Instructional Language	3/15	12
	Following Oral Directions	6/12	10
	Listening Comprehension	0/8	6
	Sequencing	0/8	
	Oral Language	2/4	4
	General Vocabulary	18/36	30
	Categorizing	0/6	5
	Using Oral Context	0/6	5

	DENVER DEVELOPMENTAL SCREENING TEST		
	fine motor/gross motor/language FAILED		
	METROPOLITAN		
	Auditory Memory		
	Rhyming		
	Letter Recognition	LOW	
	Visual Matching		
	School Language/Listening		
	Quantitative Language		
4	READY STEPS		
	Age appropriate scores		
	METROPOLITAN		
Severe artic disorder and physical birth defect noted	Rhyming		
	Letter Recognition	LOW	
	Visual Matching		
	Quantitative Language		
5	READY STEPS		
	Listening Comprehension	0/8	5
	Sequencing	1/8	6
	General Vocabulary	23/36	30
	Categorizing	0/6	5
	Instructional Language	10/15	12
	METROPOLITAN		
	Rhyming		
	School Language/Listening	LOW	
6	READY STEPS		
	Sequencing	0/8	6
	METROPOLITAN		
	All areas average		
Student described as very immature by teacher			

DENVER DEVELOPMENTAL SCREENING TEST

fine motor/gross motor/language
FAILED

---

7 READY STEPS

Student retained 1985-86 year	Sequencing	3/8	6
	Oral Language	3/4	4

METROPOLITAN

All areas average

---

8 READY STEPS

Not administered due to late enrollment

METROPOLITAN

All areas tested LOW

DENVER DEVELOPMENTAL SCREENING TEST

fine motor/gross motor/language
FAILED

---

9 READY STEPS

Sequencing	0/8	6
Listening Comprehension	3/8	6
Categorizing	3/6	5

METROPOLITAN

All areas tested LOW

DENVER DEVELOPMENTAL SCREENING TEST

fine motor/gross motor/language
FAILED

---

10 READY STEPS

Instructional Language	9/15	12
Following Oral Directions	3/12	10
Sequencing	0/8	6

	Oral Language	0/8	6
	Categorizing	0/6	5
	METROPOLITAN		
	Rhyming Letter Recognition School Language/Listening Quantitative Language	LOW	
	DENVER DEVELOPMENTAL SCREENING TEST		
	fine motor/gross motor/language FAILED		
11	READY STEPS		
	Instructional Language	9/15	12
	Sequencing	2/8	6
	Oral Language	2/4	4
	Categorizing	0/6	5
	METROPOLITAN		
	Visual Motor School Language Quantitative Language	AVERAGE	
	All other areas	LOW	
	DENVER DEVELOPMENTAL SCREENING TEST		
	fine motor/gross motor/language FAILED		
12	READY STEPS		
	Sequencing	0/8	6
	METROPOLITAN		
	School Language Listening	AVERAGE	
	All other areas	LOW	
	DIAL-R		
	Noted potential learning problem		

13 READY STEPS

Instructional Language	7/15	12
Following Oral Directions	3/12	10
Listening Comprehension	0/8	6
Oral Language	2/4	4

METROPOLITAN

All areas LOW

DENVER DEVELOPMENTAL SCREENING TEST

fine motor/gross motor/language
FAILED

---

14 READY STEPS

Instructional Language	6/15	12
Listening Comprehension	2/8	6
Oral Language	0/4	4

METROPOLITAN

All areas LOW

DENVER DEVELOPMENTAL SCREENING TEST

fine motor/gross motor/language
FAILED

APPENDIX B

PARENT QUESTIONNAIRE
FOR
COMMUNICATION DISORDERS

NAME_____ DATE_____

D.O.B._____ INTERVIEWER_____

ADDRESS_____ PARENT_____

PHONE_____ OCCUPATION_____

SIBLINGS_____

_____

I. What seems to be the communication problem?_____

_____

II. History: A. When child first started to use words?

_____

B. When child first started to use phrases?

_____

III. Developmental History: A. Health of mother before birth:

_____

B. Age of mother at birth_____

C. Birth Delivery Normal_____ Not Normal_____

D. Baby Birth Weight _____

IV. Child's Medical History:

A. Illnesses and Operations_____

_____

B. Vision_____

C. Hearing_____

V. School History: A. Age entered school_____

B. Teacher/Child Relationship_____

C. School/Class Progress_____

VI. Social History:

A. Family income level

$1,000-$5,000___ $6,000-$10,000___ $11,000-$18,000+___

B. Family activities_____

C. Parent/Child Relationship_____

D. Discipline Practices_____

E. Behavior problems with child_____

_____

VII. Family History

A. Family health problems_____

_____

B. Speech problems in family_____

_____

VIII. How Has The Speech Problem Affected the Child?

A. Is he shy, to himself and withdrawn from the group?

_____

B. Has he been teased or embarrassed because of his speech?

_____

C. Is he readily accepted by his playmates and their parents?

_____

D. Have you had to explain your child's speech problem to others?

_____

E. Have you attempted to get help?_____

_____

F. Have you been told he will out grow the problem?

_____

G. When did you first become aware of the problem?

_____

H. Does his problem cause embarrassment to other members of the family?

_____

I. Is he a good student?_____

_____

IX. Speech/Language Evaluation_____

_____

_____

_____

X. Recommendations_____

_____

_____

_____

SIGNATURE

Prepared by Geraldine Harmon, Speech Language Pathologist, 1975.

QUESTIONNAIRE RESPONSE DATA

QUESTION	PARENT RESPONSE (14 families)
I	Articulation 7 Language 14
II	Age 9-12mo. 12-15mo. 15-24mo. Words 2 10 2 Phrases 0 3 11
III	Health Good 8 OK 1 Poor 5 Age 15+ 0 20+ 6 30+ 8 Delivery Normal 11 Not Normal 3 Weight 3^{+}lbs. 4 5^{+}lbs. 10
IV	Vision Good 11 Poor 3 Hearing Normal 11 Loss 3
V	School Entry Age 4years 2 5 years 9 6 years 3 Teacher/Child Relationship Good 11 Poor 3 School Progress Good 0 Poor 14
VI	Income Level $1,000+ _____ $6,000+ 2

$11,000+ 3

$18,000+ 9

VII Speech Problems in Family 6

VIII Age problem 0-3years 4 4-6 yrs. 10

Speech related problems noted Yes 14 No 0

Previous help sought/obtained Yes 3 No 11

IX SLP determined disorders

Articulation 4 (moderate to severe)

Language
Receptive
Expressive
Both 10

Noted: The SLP noted moderate to severe articulation cases also exhibited need for language training.

PRETEST

Please quiz yourself before proceeding. Make sure you understand all of the following questions prior to completing the workshop training sessions.

1. What is language? (circle one)

   a. the production of individual sounds in connected speech
   b. connected speech sounds
   c. a socially agreed upon code used by a considerable community to communicate ideas and feelings. A system which relates sounds to meaning.

   # answering correctly - 4 of 6 Teachers and 2 of 10 Parents

2. What is speech? (circle one)

   a. the production of individual sounds in connected speech
   b. the ability to make sounds and patterns of sounds and to sequence the sounds into words; performance of language
   c. rules governing the use of vocabulary

   # answering correctly - 4 of 6 Teachers and 2 of 10 Parents

3. List three speech disorders and give an example of each.

   a. Articulation - wabbit for rabbit / "Mi yeim iz Terika Brodar."
   b. Voice - hoarse, raspy, breathy etc.
   c. Language - limited vocabulary, poor grammar, inability to formulate questions etc.

   # answering correctly - 5 of 6 Teachers and 3 of 10 Parents

4. List all the consonant sounds in the English language.

   b, d, f, g h, j, K, l, m n, p, r, s, t
   v, w, z

   # answering correctly - 6 of 6 Teachers and 2 of 10 Parents

5. Where are consonant sounds positioned in words?

   initial, medial, final positions
   (beginning, middle, end)

   # answering correctly - 6 of 6 Teachers and 2 of 10 Parents

6. List the long and short vowel sounds and give an example of each.

a -	cape	cap	
e -	feet (long)	fed	(short)
i -	bike	hit	
o -	boat	pot	
u -	use	cup	

   # answering correctly - 6 of 6 Teachers and 3 of 10 Parents

7. Which of the following consonant positions is the easiest to acquire during remedial therapy?

a. medial (middle)
(b.) initial (beginning) # answering correctly
c. final (ending) 5 of 6 Teachers/0 of 10 Parents

8. If a child in your class/home is using one sound in place of another, what type of articulation disorder does he have ?

a. omission
(b.) substitution # answering correctly
c. distortion 5 of 6 Teachers/2 of 10 Parents

9. If a child in your class/home is leaving off specific sounds within a word, what type of articulation disorder does he have?

(a.) omission
b. substitution # answering correctly
c. distortion 6 of 6 Teachers/2 of 10 Parents

10. If a child in your class is heard whistling, hissing and/or sounds mushy on some speech sounds, what type of articulation disorder does he have?

a. omission
b. substitution # answering correctly
(c.) distortion 4 of 6 Teachers/1 of 10 Parents

11. If a child has disorders of pitch, loudness, and/or quality, what type of disorder does he have?

a. articulation disorder
(b.) voice disorder # answering correctly
c. language disorder 6 of 6 Teachers/2 of 10 Parents

12. If a child has trouble following directions, answering questions and/or retelling a short story, what type of disorder might he have?

a. articulation disorder
b. voice disorder # answering correctly
(c.) language disorder 6 of 6 Teachers/3 of 10 Parents

13. If a child has problems with the rate of speech, appears unable to get words out, and/or prolongs sounds for an abnormal amount of time, what type of disorder does he have?

a. articulation disorder
(b.) fluency disorder
c. language disorder

answering correctly
6 of 6 Teachers/0 of 10 Parents

_____Performance Score

_____Name

_____Date

_____Child's Name

APPENDIX D

SAMPLE

DEPARTMENT OF COMMUNICATION DISORDERS
(Harmon, 1975)

NAME EB BIRTHDATE 5-25-79

SCHOOL _____ TEACHER JM

GRADE 1 DATE 9/86

PERSONALITY AND BEHAVIOR PROFILE

In order to get a complete and accurate picture of each child suspected of experiencing a communication disorder, information is needed in the following areas. Please make a check mark in the appropriate boxes or answer questions asked.

PEER RELATIONSHIPS	YES	NO
Is child liked by others?		✓
Does he have one friend?		✓
Does he have several friends?		✓
Is he generally friendly?	✓	
Is he considerate of other's feelings?		✓
Is he considerate of other's belongings?		✓
Does he want his own way most of the time?		✓
Does he share with others?		✓
Does he prefer being alone?		
Does he usually play alone?		✓
Does he usually play in a group?	✓	
Does he usually play with a friend?		✓
Does he play with other children or just watch them play?	✓	
Does he tease other children?		✓
Does he communicate with other children?	✓	

PERSONALITY	YES	NO
Does he have any fears?	___	✓

If so, please name _____

Is he moody?	___	✓
Is he generally happy?	✓	___
Is he generally sad?	___	✓

How does he react to discipline? He usually offers excuses for why he's behaving badly.

How does he react to stress? He talks excessively.

How does he react to teasing? Gets angry

What are his reactions when frustrated? He doesn't seem to care.

What are his reactions when angry? He hits other children.

Is he generally patient?	___	✓
Does he have a sense of humor?	✓	___
Does he show his feelings?	___	✓
Does he verbally express his feelings?	___	✓

	YES	NO
If provoked or attacked, will he defend himself?	✓	
Is he independent?	✓	

PERSONAL QUALITIES

What habits does the child have? Talks a lot and enjoys being the class clown.

Describe the child's hygiene Often unKempt.

Describe usual facial expressions Appears alert.

Does he seem in generally good health?	✓	
Is he normally active?	✓	
Is he unusually active?		✓

Describe the child's voice quality Somewhat breathy

Is he easily frustrated?		✓

Does he keep trying or does he give up easily? Gives up and begins to "clown."

RELATIONSHIP TO TEACHER

Is he curious?		✓
Is he cooperative?		✓
Is he obedient?	✓	
Does he ask questions?		✓

	YES	NO
Does he respond to affection?	___	✓
Does he display affection?	___	✓
Does he react to you with warmth?	___	✓
Does he react to you with respect?	___	✓
Does he resist your authority?	___	✓
Does he demand your attention?	✓	___
Does he desire and try to please you?	___	✓
Has he easily adjusted to the classroom routine?	___	✓
Does he seem to understand and be able to follow simple instruction or commands?	___	✓

ADDITIONAL COMMENTS Child is often tardy and/or absent from school. Entered school at age seven.

Prepared by Geraldine Harmon, Speech Language Pathologist, 1975.

APPENDIX E

SCREENING FOR LANGUAGE PROBLEMS-AN INFORMAL INSTRUMENT

(ALMERICO, 1982)

If three or more of the following characteristics describe a student's language skills, please refer him/her to the Speech Language Pathologist.

CHARACTERISTIC	YES	NO	UNKNOWN
1. Does the student have difficulty participating in a conversation?			
2. Does the student frequently interrupt the speaker instead of waiting for his/her conversational turn?			
3. Does the student make rapid and inappropriate changes in the conversational topic?			
4. Does the student fail to convey information in an organized, related, integrated manner?			
5. Does the student use a limited, nonspecific vocabulary (i.e. thing, junk, stuff)?			
6. Does the student have difficulty finding specific words to convey his/her thoughts?			
7. Is the student's speech disrupted by excessive pausing and repetitions (i.e., uhm, he said, um he said that, uh...)?			
8. Does the student use false starters (i.e., and, then, well) to begin sentences and keep revising what he/she has already said?			
9. Does the student frequently respond to questions and comments inappropriately?			

CHARACTERISTICS	YES	NO	UNKNOWN
10. Does the student have difficulty understanding and using multiple-meaning words (i.e., "glasses" can be used for both seeing and drinking; "ring" can be worn and heard)?			
11. Does the student have difficulty understanding and using antonym and synonym relationships?			
12. Does the student have difficulty with location words such as "in, on, under, beside, infront of"?			
13. Does the student have difficulty understanding and completing analogies (i.e., day is to light as night is to dark)?			
14. Does the student have difficulty understanding and explaining idioms (i.e., "not my cup of tea? or "heart of gold")?			
15. Is the student unable to tell the similarities and differences between objects?			
16. Is the student unable to detect humor in a story or statement?			
17. Does the student use unaccurate pronouns in regard to gender (i.e., "he" for "she") and case (i.e., "her" for "she")?			
18. Does the student use ambiguous pronouns without identifying the referent? (i.e., "he had his friend ask him for his homework so he could copy his answers")			
19. Does the student produce grammatical errors in his/her speech by leaving off word			

CHARACTERISTICS	YES	NO	UNKNOWN
endings and/or reversing word order? (i.e., "what her say?" or "he walk home yesterday.")			
20. Does the student lack consistency in using subject-verb agreement? (i.e., "they is hungry" or "he jump")			
21. Does the student have difficulty asking questions?			
22. Does the student fail to follow directions given orally?			
23. Does the student have difficulty remembering or recalling details from spoken messages?			
24. Is the student significantly slow in responding to questions or statements made by adults and peers?			
25. Does the student remain confused even after several repetitions of a statement or an explanation has been given?			
26. Is the student's production of speech sounds difficult to understand?			
27. Does the student's speech sound flat with little variation in stress and intonation pattern?			

APPENDIX F

DEPARTMENT OF COMMUNICATION DISORDERS

Speech Language Therapy Referral Form

Teacher _____ Room ___ School _____ Date_____

TO THE CLASSROOM TEACHER: For the next several days, will you listen carefully to the speech of the students in your room.

The classroom teacher is very often able to identify children with speech and language problems who have not been located through the screening process. The Speech Language Pathologist is anxious to screen all children who are suspected of having either a speech, hearing, language, communication and/or auditory perceptual problem, even though it may not be possible or advisable to enroll the child at the present time.

Following are brief descriptions of the most common problems you might find in your classroom.

1. Articulation - substitutions, omissions or distortions of sounds (wabbit for rabbit, tar for car)
2. Rhythm - hesitation and repetition of speech, facial grimaces, etc.
3. Voice - nasality, hoarseness, improper pitch, or unusual voice quality.
4. Hearing loss - straining to hear, inattention, etc.
5. Language - problems expressing thoughts, following directions.

Please list your referrals below and return this form to the Speech Language Pathologist in your building.

Name of Student	Grade	Room	Problem

APPENDIX G

SAMPLE

DEPARTMENT OF COMMUNICATION DISORDERS

SPEECH RATING SHEET

Listen carefully to the speech patterns of the children on the tape. Give each child's approximate age, sex, possible communication disorder, and rate the overall quality of the speech. Refer the children with low (3-4) speech quality ratings to the school Speech Language Pathologist. Remember - Listen carefully.

	Age	M or F	Possible Disorder	Overall Quality of Speech			
1	6	M	Stuttering	1	2	(3)	4
2	5	M	Articulation	1	(2)	3	4
3	5	M	Voice (slushy)	1	(2)	3	4
4	6	F	Articulation	1	2	3	(4)
5	6	F	Language	(1)	2	3	4

Overall Quality of Speech

1. Clear precise speech
2. Fairly clear - understandable
3. Not clear - only a few words understandable
4. Poor - could not understand any of what was said

Prepared by Geraldine Harmon, Speech Language Pathologist, 1986.

POSTTEST

We have discussed and completed several activities simulating facilitation techniques useful in promoting communicative competence in young children. Answer the following questions as best you can. These questions summarize the major points covered throughout the workshop sessions.

1. List five communication disorders and briefly describe each.

Articulation - sound errors
Language - errors of comprehension and/or spoken language
Voice - errors of pitch, loudness, quality
Fluency - errors of rate, phrasing, breathing
Cleft Palate/Lip - Physical abnormality

answering correctly
6 of 6 Teachers
8 of 8 Parents

2. Give a brief definition of the following terms:

speech - performance of language.

language - the instrument by which a community communicates ideas and feelings.

communication - a vehicle for social interaction that involves a series of interchanges between two people.

answering correctly
6 of 6 Teachers
7 of 8 Parents

3. List four receptive and four expressive language skills a five year old child should have mastered prior to entering kindergarten.

Receptive	Expressive
Understands - Pretending	Asks when, how, why questions.
Executes 3 unrelated commands in order	Uses words like can, will, shall, should
Understands comparatives	Joins sentences together
Listens to long story (15-20 minutes)	Tells contents of a story

answering correctly
6 of 6 Teachers
6 of 8 Parents

4. List the four basic skills needed for effective communication.

Speech
Language
Communication Intent
Interaction

answering correctly
5 of 6 Teachers
5 of 8 Parents

5. Give two examples of how a speech/language disorder can negatively affect academic progress.

Knowledge of linguistic system affects comprehension of written text.

Reading and Writing ability relies heavily on Speaking and Listening ability.

answering correctly
6 of 6 Teachers
8 of 8 Parents

6. Identify and describe <u>four</u> facilitation techniques parents can use to encourage development of communicative competence.

Provide accepting environment
Allow children to initiate and lead
Maintain interaction by listening/following
Speak clearly on child's level

answering correctly
5 of 6 Teachers
7 of 8 Parents

* 7. Identify and describe the communication disorder your child is exhibiting and state how you plan to facilitate communicative competence.

APPENDIX I

ROLE PLAYING SURVEY

PRETEST

I. Problem Situation (supplied by presentor)

II. Teacher/Parent Response

DISCUSSION AND NOTES

POSTTEST

I. Problem Situation

II. Most Appropriate Response (select one)

A.
B.
C.

Comments:

APPENDIX J

ACTIVITY RATING SCALE

Status: Parent/Teacher Date_____

Workshop Topic _____

Presentor _____

I. Activity (describe)

II. Goal of activity (state)

III. Communication Problem

IV. How will this activity facilitate communicative competence?

V. How would you rate this activity?

1 2 3 4 5 6
poor excellent

Comments:

APPENDIX K

WORKSHOP EVALUATION

Status: Parent/Teacher Date_____

Workshop Topic _____

Presentor _____

1. Was the information presented useful to you?

2. Were the training booklets and displayed materials/references informative and easy to understand?

3. Was adequate time alloted for questions and comments?

4. Will the information and material (activity booklets) presented help you with your child's communication problem?

5. Name one thing you learned today _____

_____

6. List any questions you may have that were not answered

7. How would you rate this workshop session?

1 2 3 4 5 6 7 8 9 10
Low High

Comments and/or Suggestions _____

_____

_____

APPENDIX L

READINESS TESTING DATA

1986-87

Diagnostic Skill	Student	Stanine
AUDITORY	EB	3
	AM	2
LANGUAGE	TW	3
	LM	3
	TR	2
	AM	2
VISUAL	TS	2
	DH	1
	JH	3
	TP	2
	LM	2
	TR	3
	EB	3
	AM	1
PRE-READING SKILLS	LM	3
	TR	3
	EB	3
	KR	3
	AM	2
QUANTITATIVE	DH	3
	TP	1
	LM	3
	TR	3
	EB	2
	KR	3
	AM	1

This data was gathered from the METROPOLITAN READINESS TESTS administered to all first grade students at the beginning of the second marking period of the 1986-87 school year. Level II is administered to first grade students. Stanines of 1-3 are low, 4-6 are average, and 7-9 are above average.

PRE AND POST ASSESSMENT DATA

	1986					1987				
STUDENT	DAT	PPVT CA	PPVT MA	BTBC	TAAS	DAT	PPVT CA	PPVT MA	BTBC	TAAS
EB	/s/ /s/Blends	7-3	4-2	24/50	UTT	d/ð s/sk s/st	8-0	5-7	42/50	UTT
DH	t/k, b/v s/θ f/θ d/ð	6-5	5-1	24/50	NA	s/θ f/θ d/g	7-0	6-4	40/50	NA
JH	d/g b/br - final cons.	6-1	4-7	23/50	2/13 (Kdg)		6-9	5-1	38/50	6/13 (1st)
LM	WNL	6-9	5-2	23/50	2/13 (Kdg)	WNL	7-10	4-7	34/50	6/13 (1st)
AM	WNL	6-7	4-7	22/50	UTT	WNL	7-3	4-6	30/50	5/13 (1st)
JP	WNL	5-10	3-4	19/50	3/13 (Kdg)	WNL	7-2	5-1	29/50	5/13 (1st)

APPENDIX M

	1986					1987				
STUDENT	DAT	PPVT CA	PPVT MA	BTBC	TAAS	DAT	PPVT CA	PPVT MA	BTBC	TAAS
TP	WNL	6-11	4-9	23/50	3/13 (Kdg)	WNL	7-8	5-10	39/50	3/13 (Kdg)
DR	p/sp t/st d/θ f/θ d/ð k/sc_m -/θ/^m	7-1	5-9	29/50	6/13 (1st)	final sounds	7-10	6-9	46/50	WNL
KR	WNL	5-11	4-7	23/50	NA	WNL	7-1	6-4	43/50	WNL
						Student dismissed 5/87				
TS	w/r_i s/θ^f f/θ^m -/θ/ d/ð s/sn	6-0	5-1	24/50	3/13	/s/ blends	6-8	7-5	42/50	8/13
						Great progress 1986-87; continued for articulation therapy				
TR	w/r b/v f/θ d/ð x/sh/	6-1	5-0	22/50	UTT	d/ð	6-9	5-5	32/50	3/13

	1986					1987				
STUDENT	DAT	PPVT CA	PPVT MA	BTBC	TAAS	DAT	PPVT CA	PPVT MA	BTBC	TAAS
LT	d/t t/θ gr/dr kr/tr t/sch p/sp t/st omits most final cons.	6-2	5-3	30/50	NA	ch/sh d/st f/θ s/z s/sh^{m}	WNL		41/50	NA
TW	b/v f/θ d/t w/r	5-11	4-7	22/50	UTT	same	6-5	5-3	37/50	3/13 (Kdg)
MY	WNL	6-0	4-3	22/50	UTT	Student transfered before end of 1986-87 school year.				

DAT - Developmental Articulation Test

PPVT - Peabody Picture Vocabulary Test

BTBC - Boehm Test of Basic Concepts

TAAS - Test of Auditory Analysis SKills

CA - Chronological Age

UTT - Unable to test

NA - Not applicable

WNL - Within Normal Limits

Kdg - Kindergarten Level

MA - Mental Age

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September , 1986

Mr. _____
Principal
_____Elementary School

Dear Mr. _____,

Attached is a copy of the abstract, tentative calendar plan, and reference list of the practicum proposal I have written to address identified needs of parents and teachers of communication handicapped students. I would like to meet with you and the grade level chairpersons for Kindergarten and Grade One to share background information and the planned implementation format.

I have recently been granted permission to implement the proposal. Having cleared the Nova University practicum staff, I now submit the packet to you for review. I would appreciate any feedback you may have regarding the proposal format, related literature, and/or implementation strategy.

Thank you,

Geraldine Harmon

Geraldine Harmon
Speech Language
Pathologist

APPENDIX O

September , 1986

Dear Parent,

You are so important in the education of your child. Because we know you are eager to help, we are providing a special opportunity for you.

We want to help you help your child build the skills he or she needs for success in the academic programs we offer so we will be offering workshops throughout the 1986-87 school year. The workshops have been designed to provide you with information about child learning, communication skills and the importance of language ability to academic success. Each parent that participates will receive free materials for their children to use throughout the school year.

There will be an organizational meeting held on September 16, 1986 from 8:00 to 9:00 AM in Room 117. Your child's therapy program will be discussed in addition to our new Parent Program. We will begin with a continental breakfast and end with a school supplies raffle.

Please sign and return the bottom portion of this letter immediately if you will be attending. Come join in a much need activity; your child really needs your help.

Sincerely,

Geraldine Harmon

Geraldine Harmon
Speech Language Pathologist

Please detach and return.

I will participate in the Parent Workshop Series focusing on Facilitating Communication Skills in Young Children.

YES ____ NO ____

_____
Parent's Name

_____
Child's Name

_____
Telephone Number

VOICE
LANGUAGE
ARTIC
FLUENCY
1986-87
WELCOME
TEACHERS
Workshops Room 124
10/09/86 10/15/86
10/20/86 10/27/86

DIAGNOSTIC HANDBOOK FOR COMMUNICATION SKILLS

Compiled by

Geraldine Harmon
Speech Language Pathologist

DIAGNOSTIC HANDBOOK FOR COMMUNICATION SKILLS

This handbook represents a sampling of simple observation/screening tools available to teachers for use in the classroom. Early identification of possible problems with basic language skills enables the teacher to be specific in selecting and designing materials/activities geared to the needs and functioning level of particular students.

If used on a continuous basis, the **DIAGNOSTIC HANDBOOK** will provide a clear record of performance that will prove helpful in explaining strengths, needs, and weaknesses to parents, teachers, administrators and others concerned with performance and progress in the language areas.

COMPILED BY

Geraldine Harmon
Speech Language Pathologist

ARTICULATION VOCABULARY SCREENING TOOL

DEVELOPED BY

GERALDINE HARMON
Speech Language Pathologist

Directions for Use: Tell your child/student, "I am going to show you some pictures. When I show each picture, I want you to say what the picture is. If you do not know what the picture is say you don't know."

Begin the screening with the presentation of the first picture (mouse). If the child cannot name a picture, say the name of the picture for him and have him repeat the label (name) after you. Note only the production of the underlined sound. Check on the test form whether the production of the target sound was correct or incorrect and circle any sound position (initial, medial, final) the child/student experienced problems with.

The Articulation Vocabulary Screening Tool may also be used to teach vocabulary using the pictures, the function and/or use of the pictured objects and classification activities.

As a reinforcing activity, have your child/student color the pictures if he can correctly articulate the picture name, give the function, use and/or classification.

CHECKLIST FOR ASSESSING SPEECH SOUND PRODUCTION

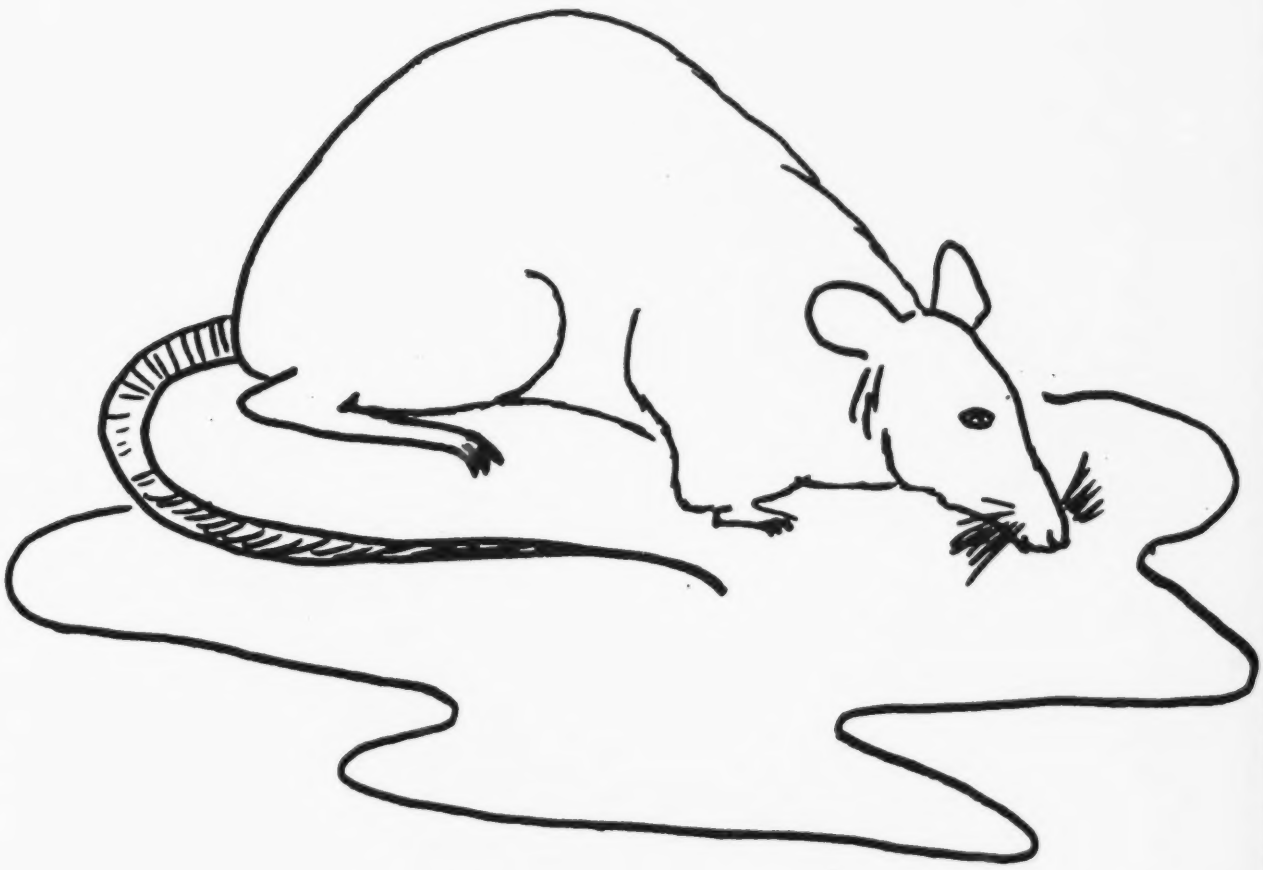
SOUND	KEY WORDS	AVERAGE AGE OF MASTERY	CORRECT	INCORRECT
M	mouse, hammer, drum	3		
N	nail, banana, clown	3		
NG	monkey, swing	3		
P	pencil, apple, cup	3		
F	fork, telephone, knife	3		
H	house, grasshopper	3		
W	wagon, sandwich	3		
Y	yellow	3½		
K	car, book	4		
B	boat, rabbit, tub	4		
D	dog, Indian, bed	4		
G	gun, wagon, flag	4		
R	rope, arrow, bear	4		
S	soap, policeman, bus	4½		
SH	shoe, brushes, fish	4½		
CH	church, matches	4½		
T	top, letter, cat	6		
TH	thimble, birthday, bath	6		
V	valentine, stove	6		
L	lamp, balloon, bell	6		
TH (voiced)	feather	7		
Z	zebra, scissors, dolls	7		
J	jack-in-the-box, engine, bridge	7		

BLENDS - /s/, /l/, and /r/ blends are usually mastered by age 8.

Norms for the checklist have been derived from the average age at which 75% of the children said the sound correctly in the initial, medial, and final position of a word.

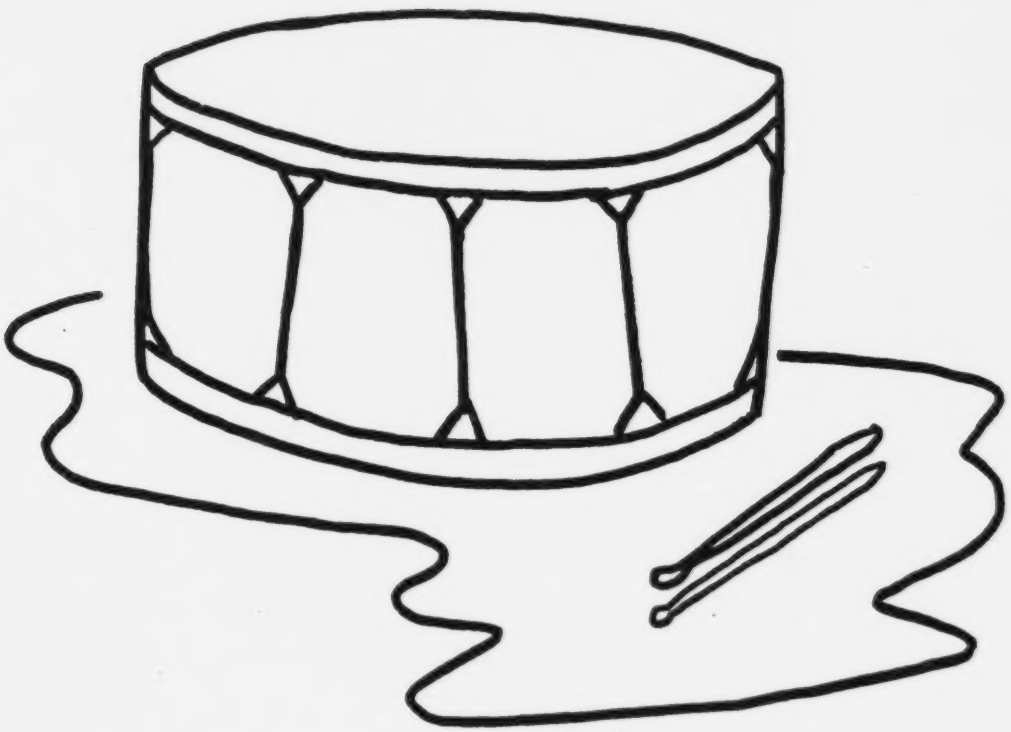
INSTRUCTIONS FOR PRODUCTION OF SOUNDS

P - Close the lips; then open them by sending out a puff of air.
B - Make this sound as you did the sound of P and use your voice.
M - Close the lips and make a humming sound.
N - With the mouth open, place the tip of the tongue on the gum behind the upper teeth. Send the voice through the nose.
T - With the mouth open, place the tip of the tongue on the gum behind the upper teeth. Blow it away with a puff of air.
D - Place the tip of the tongue on the gum behind the upper teeth as you did for the sound of T and use your voice.
K - Arch the back of the tongue so that it touches the soft palate. Lower it quickly as you blow.
G - Make this sound as you did the sound of K. Use your voice.
NG - Arch the back of the tongue so that it touches the soft palate. Send the sound through the nose and keep the tongue still. Do not let the sound slide back into the throat.
F - Place the lower lip against the upper teeth and blow lightly.
V - Make the sound of V as you made the sound of F and use your voice.
TH - (1) - Widen the tongue and let the tip touch the inner edge of the upper teeth. Then blow over the tip of the tongue.
TH - (2) - Make this sound as you did the sound of TH(1) and use your voice.
S - Widen the tongue and place it behind the upper teeth near the gum. Close the teeth lightly and blow down the center of the tongue with a slight hiss.
Z - Make the sound of Z as you made the sound of S. Buzz with your voice.
SH - Make the sound of S, then draw the tongue back a little, push the lips forward slightly, and blow down the center of the tongue with a hushing sound.
ZH - Make this sound as you did the sound of SH and use your voice.
CH - Make the sound of T and blend it into the SH sound. Make CH more quickly and with more pressure than SH.
J - Make this sound as you did the sound of CH and use your voice.
L - Widen the tongue and place the tip on the gum behind the upper teeth. Let the voice escape over the sides of the tongue.
R - Widen and raise the tongue so that the sides touch the upper teeth and gums. Curl the tip slightly backward. Use your voice.
H - Open the mouth and breath out gently.
W - Round the lips as you do for the sound of $\overline{OO}$ and move them quickly to the position used for the vowel that follows.
WH - Blow gently through the lips which are rounded and slightly protruded, and proceed to the following vowel.
Y - Open the mouth slightly. Send the voice over the tongue which is widened and raised as for the sound of $\overline{EE}$. With a little push proceed to the vowel that follows.



MOUSE

HAMMER



DRUM

IDENTIFICATION BY OBSERVABLE SYMPTOMS CHECKLISTS

DEVELOPED BY

Geraldine Harmon
Speech Language Pathologist

IDENTIFICATION BY OBSERVATIONAL SYMPTOMS CHECKLISTS

NAME _____ DATE _____

BIRTHDATE _____ AGE _____ TEACHER _____

OBSERVABLE SPEECH BEHAVIORS

ARTICULATION

_____ Is difficult to understand
_____ Omits, adds, substitutes, and/or distorts speech sounds
_____ Uses baby talk
_____ Has a foreign accent
_____ Protrudes tongue on /s/ and/or /z/ sounds
_____ Circle sounds which appear to be produced incorrectly

p,b,m	hw, w	t,d,n	h
y	k,g,ng	f,v	th
l,r	s,z	sh,ch	ch,j

FLUENCY

_____ Talks to fast
_____ Talks to slowly
_____ Repeats sounds, syllables, words, phrases more than usual
_____ Blocks sometimes and can't get words out
_____ Speech sounds jerky
_____ Appears to avoid speaking situations
_____ Prolongs or holds onto sounds for an abnormal amount of time
_____ Exhibits unusual behaviors when speaking (blinks, rocking, stomping of feet)

VOICE

_____ Underactive jaws, lips, and/or tongue
_____ Has breathy voice quality

_____ Has husky, hoarse voice quality
_____ Has nasal voice quality
_____ Is to high pitched
_____ Is throaty and guttural
_____ Talks in a whisper
_____ Talks in a very loud voice
_____ Lacks variety and life
_____ Inadequate breath control

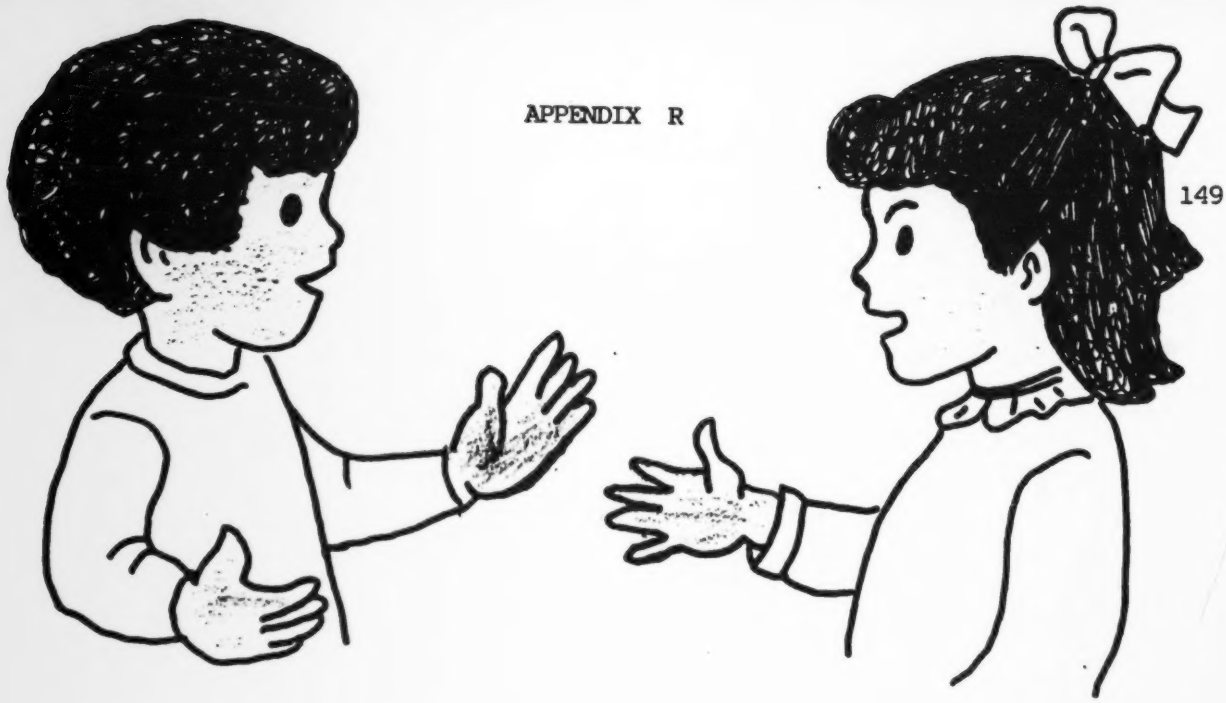
HEARING

_____ Frequent earaches
_____ Continuous ear drainage
_____ Poor balance
_____ Chronic colds
_____ Continually talks too loud
_____ Continually talks too low
_____ Watches your mouth
_____ Requests frequent repetitions of words/directions
_____ Turns one side of head to speaker
_____ Inattentive in class
_____ Shows strain in trying to hear
_____ Hears sometimes and not other times
_____ Becomes withdrawn and sullen
_____ Frequent mistakes in following directions

LANGUAGE

_____ Appears not to grasp meaning of directions
_____ Appears not to understand written or oral material
_____ Seldom speaks in fully developed sentences
_____ Limited vocabulary/difficulty grasping new vocabulary
_____ Has difficulty responding/asking questions
_____ Has difficulty with social speech situations
_____ Forgets some or all of multi-step tasks
_____ Noticeable errors on plurals, prepositions, pronouns, verb tense, word order, negatives

APPENDIX R



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TALK IT UP ACTIVITIES

Oral communication games and activities for home and school use.

COMPILED BY: Geraldine Harmon
Speech Language Pathologist

ARTIST: Jose Vargas

October, 1986

TALK IT UP ACTIVITIES

INTRODUCTION

When direct experiences are provided for the learning of Standard English through such activities as word games, rhythmic activities, experiences with toys and puppets, children who are experiencing communication problems can succeed in mastering school English. For some children the process is rapid and can be achieved in kindergarten or preschool. For others, it may be necessary to allow a year or two for the child to become communicatively competent.

Activities included in the **TALK IT UP ACTIVITIES** were selected to encourage oral communication skills in the home and classroom. Parents and teacher can use the activities to initiate conversation, maintain interaction with a child and/or observe communicative progress over a period of time. Try some or all of the activities, have fun and most importantly **TALK IT UP!!!**

GENERAL TECHNIQUES TO TEACH COMMUNICATION SKILLS

Help children to feel secure

Be a good listener

Get children talking

Telling is not enough

Input comes before output

SPECIFIC TEACHING TECHNIQUES

I. Helping children with **LANGUAGE DISORDERS**

- A. Help children understand
- B. Expand on what children say
- C. Model new sentences
- D. Use what children already know
- E. Encourage children to imitate
- F. Talk about what you are doing
- G. Talk at the appropriate language level
- H. Teach children through action

II. Helping children with **ARTICULATION DISORDERS**

- A. Learn to understand what children say
- B. Teach children how to listen and what to listen for
- C. Repeat what children say
- D. Be a good articulation model
- E. Find out each child's level of correct production (sound, syllable, word, phrase, sentence, conversation)

III. Helping children with **VOICE DISORDERS**

- A. Find out the cause
- B. Discourage vocal abuse
- C. Be a good model
- D. Have children try out different voices

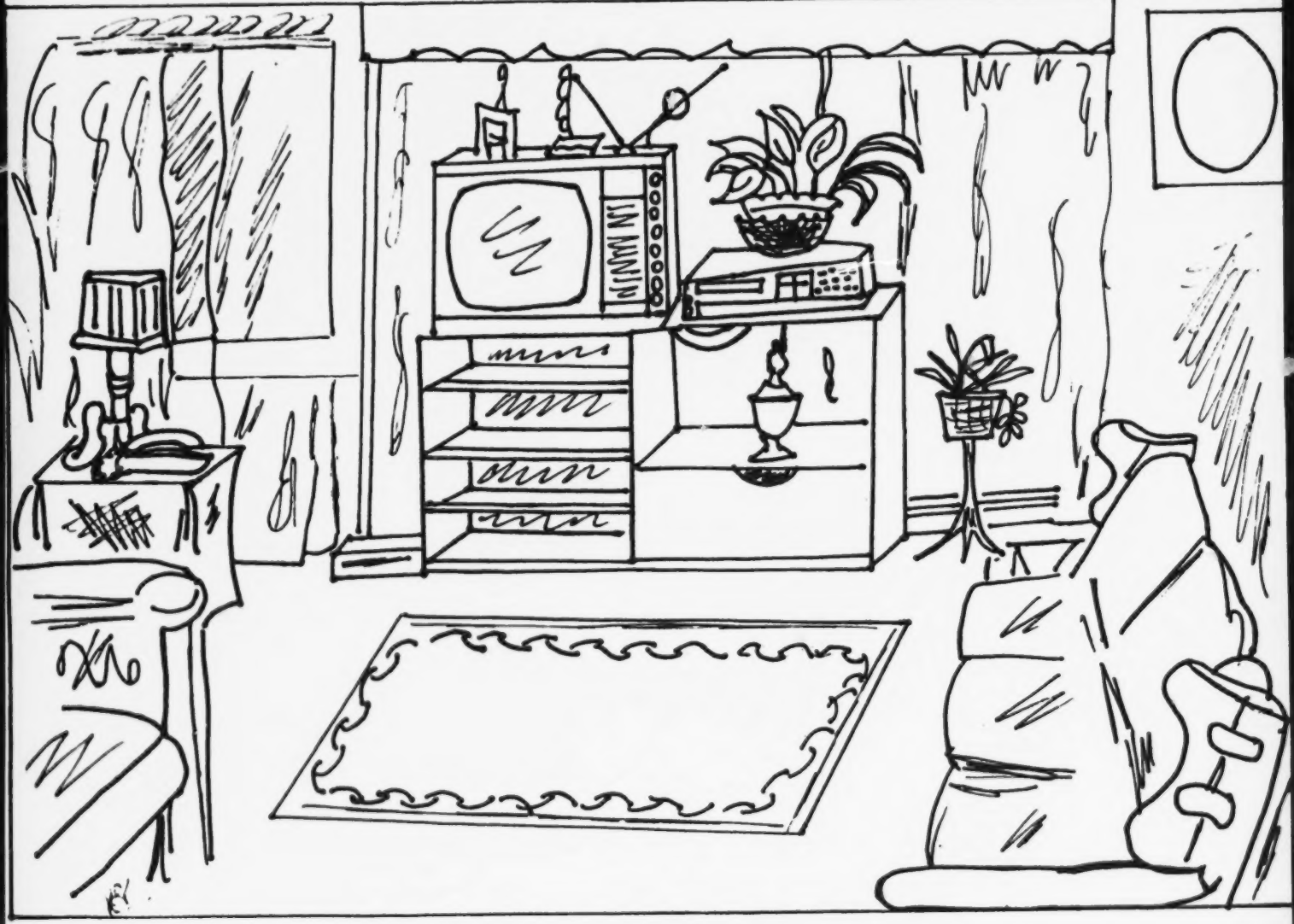
IV. Helping children who **STUTTER**

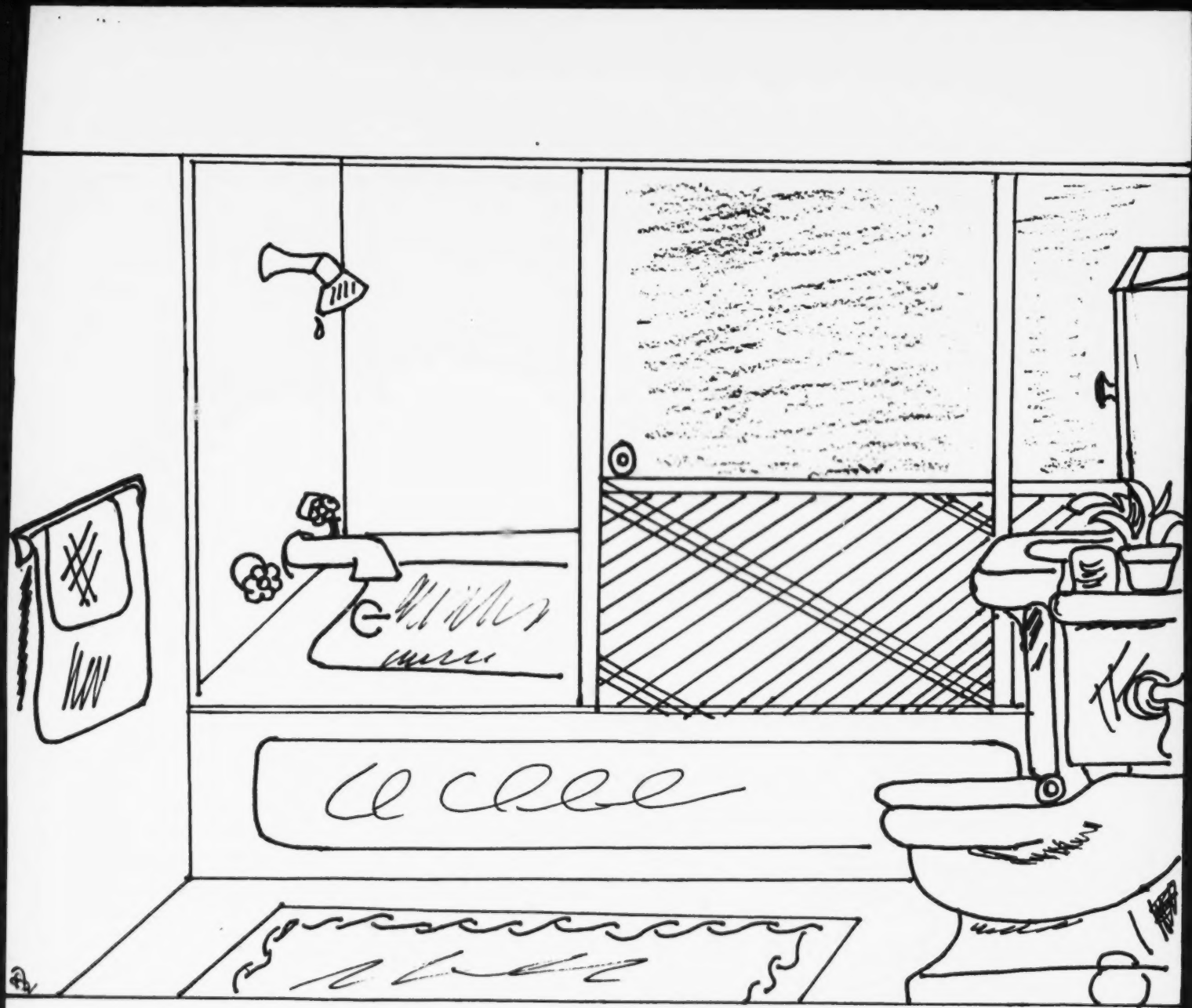
- A. Set a good example
- B. Establish favorable speech conditions
- C. Find out when children are most fluent
- D. Consider the child's needs

HOME SWEET HOME

The pictures of rooms in a home are provided to encourage conversation about everyday items found in most homes. Have children walk through their home and label/discuss items they find in each room. See how many items the children can name in each room and also see how many items the children can find that they never really noticed before.

Have the children locate the items they found in their homes in the pictures of Rooms In The Home. Also see if the children can identify items that are not in the pictures that are found in their homes and vice versa.





MORE TALK IT UP ACTIVITIES (For older students)

Have A Talking Corner in your room. Students may select a partner or may talk with students already present. Number of students using the corner at one time may be controlled by use of tickets, talker's chairs, buttons, or colorful clothespins. Younger students may bring something from home to share with another student, string beads together, or work together to create a mosaic from pasta. Middle students may read to each other, or cut out pictures to create a book. Older students may work together to plan "student day" - one day month assigned to them- or may discuss answers to question cards.

Try Giving Children crayons and paper to use as you read to them.

Cut Postcards In Half To Make a narrow top and a narrow bottom. Distribute tops and bottoms to students. One student is selected to describe the postcard piece he/she has. Listening students who feel they have the matching section raise their hands. If more than one student responds, the describing students asks questions until all students but one have been eliminated. If time permits, another student may be selected to continue the game.

Facilitate Conversations between students by setting up "sorting coffee cans". Each can has a representative picture plus the name of the category on the outside. Pair a student with strong languae skills (or an older student visiting from another class) with a student with lower ability. Ask students to look through old magazines and locate pictures for the cans.

Turn A Science, Social Studies, or language arts lesson into a language-teaching interaction:

1. Write a sentence on the board or read one from a book.
2. Ask students whether the statement is never true, always true, or sometimes true.
3. Ask students to use this information to make a new sentence.

THINGS TO REMEMBER

1. Allow the child to use his language but provide him with many models of school English.

2. Allow time for child-to-child communication.

3. Allow and plan for a variety of experiences with objects, textures, places,people, media.

4. Encourage the child to talk about his experiences.

5. Model language; don't correct the child when he is communicating with you.

6. Plan lessons that cover common deficits.

Children's language is an integral part of the self.

1. Accept children's language as it is and provide models for the desired form. Attacks on a child's language are attacks on the child.

2. Provide praise and reinforcement of desirable children's language and ignore forms and words that are considered unacceptable.

3. Encourage and praise communication efforts.

Children learn to express how they feel in terms of their emotions and are in general overwhelmed and frightened in unfamiliar settings.

1. Familiarize children with you as the teacher. Discuss with children your expectations and what school is like.

2. Ask children what they like and listen to them.

3. Watch for nonverbal communication signs of children's feelings. If children show marked confusion, ask yourself what is it you are communicating nonverbally.

4. Try to avoid any assumptions about children's past experiences.

Certificate of Award

THIS CERTIFIES THAT

An award of distinction is presented to _____

For Superior Achievement and Excellent Participation in _____

_____

This ___ day of ___ , 198

Signed _____

APPENDIX S

©GOES 108

LITHO IN U.S.A.

ORAL
LANGUAGE
SKILLS
1986-87
WELCOME
PARENTS
Workshop Session I
11/07/86 Rm124

APPENDIX U

ORAL COMMUNICATION SKILLS SURVEY

1. Are oral communication skills taught in conjunction with other subjects in your classroom? Explain

2. Do you feel oral communication skills should be emphasized at the elementary level? Explain

3. Are the promotional criteria for oral communication skills reflective of the communication skills children will be held accountable for in the middle and high school years? (if not, how would you propose they be changed/updated?)

4. Would additional readings, references, resource lists and/or materials promote the teaching of oral communication skills in your classroom/building/system? Explain